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## **The Evaluation of the EVALUATION Project**

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**Project Number 936-3060**

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## **EXECUTIVE SUMMARY**

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### **A. INTRODUCTION**

The mid-term evaluation of the EVALUATION Project (Project No.: 936-3060) was carried out by a four-person team from January 9 - 27, 1995. The evaluation assessed the Project's performance and identified the needs and priorities for evaluation of family planning programs. Given the interest in reproductive health, the Team also looked at the Project's work in this area. Furthermore, the Team was asked to advise USAID on the measurement of service inputs.

The purpose of the EVALUATION Project is to strengthen the capacity of USAID and host-country institutions to evaluate the impact of population programs on fertility. The five-year project has a budget of \$14,175,385 and is implemented by the Carolina Population Center at the University of North Carolina, in collaboration with The Futures Group International and Tulane University. The combination of these three organizations—two universities and a private consulting firm—gives the project a strong academic orientation coupled with considerable field experience.

The Project is carrying out seven types of activities designed to advance the evaluation of population programs. These include:

- 1) preparing reference documents
- 2) conducting working groups in key functional areas of family planning
- 3) supporting impact and methodological studies
- 4) providing technical assistance to host-country programs and USAID missions
- 5) conducting training workshops
- 6) supporting a fellows program and
- 7) disseminating project results.

## B. HIGHLIGHTS OF THE PROJECT'S PERFORMANCE

Both the quality and quantity of work produced by the EVALUATION Project have been exceptional. The combination of the reference documents being produced, the outputs of the various functional working groups, the research studies that have been or are being conducted, and the experiences gained through technical assistance and training provide a more sound basis than was previously available for carrying out evaluations of the impact of family planning programs. When the Project ends in 1996, the available methodologies for and experiences in evaluating programs and measuring impact and the research findings in these areas will be considerably more advanced than they were prior to the EVALUATION Project.

### 1. Reference Documents

The project staff has produced an impressive volume of documents related to the evaluation of family planning programs and measurement of program inputs, processes, outcomes, and impact:

Among the documents prepared by the Project's staff is a **conceptual framework** that has provided essential direction for other program activities. In addition, Project staff responded to an extra and demanding task of developing a conceptual framework to guide the evaluation of the impact of programs on reproductive health. This document has been in development for a relatively short time, but shows considerable promise.

*A Handbook of Indicators for Family Planning Program Evaluation* was published in early 1994. It provides a comprehensive listing of the most widely used indicators for evaluating family planning programs in developing countries. It provides consistent definitions of the indicators and compiles the different elements of family planning (training, management, IEC, logistics, etc.) into a single, accessible document. The indicators are organized according to the Project's overall conceptual framework and thus help to make the operations of family planning programs and their likely impact more transparent and understandable.

The *EASEVAL* Software and Manual provides program officers, evaluators, and policy makers with an interactive computer program to facilitate use of DHS survey data in answering questions related to program performance and impact. *EASEVAL* allows users to compute frequency distributions and cross tabulations and to construct evaluation indicators from DHS data. *EASEVAL* remains a long way from realizing its potential. Although much of the training was found to be useful, there is little evidence of continued use after the training. In addition, the USAID mission staff interviewed were for the most part unaware of the existence of *EASEVAL*, even though the software and manual were mailed to each mission.

*Guide to Methods of Family Planning Program Evaluation*, an excellent document which is about to be published, will serve as a reference book for family planning researchers and students

of evaluation for a good time into the future. Its strength lies in the clarity of its exposition of the data and methods that are required to answer questions about the real impact of family planning programs, most notably multi-level analyses of longitudinal data and the benefits of experimental and quasi-experimental designs.

*Typology of Family Planning Programs*, a working paper prepared by one of the Project's senior fellows, provides a country-level analysis of the relationship between dependent variables such as contraceptive prevalence and fertility and independent variables reflecting the political environment, socio-economic setting and family planning program efforts. The paper is not written in an accessible form: it has no clear introduction, contents page, clear classifications of programs or readily usable conclusions. However, it is an acceptable deliverable and should remain as a working paper.

*Strategies for Family Planning Program Evaluation* has not yet been published, but the draft document is comprehensive, readable, and written at the appropriate level for program or field staff who carry out program evaluations. The manual has a major emphasis on evaluating the impact of programs on fertility change and not just on service delivery or contraceptive prevalence. If it is well marketed, this manual is likely to be a widely used tool for guiding program evaluations and may be the most valuable of the Project's reference materials.

## **2. Functional Working Groups**

A total of seven working groups were formed in family planning and one (with five subgroups) in reproductive health. The working groups have been an extremely valuable activity and involved considerably more effort than the contract anticipated. They were exceptionally well-organized and well-run, bringing experts together from a larger number of organizations to develop consensus on monitoring and evaluation indicators. The groups produced useful results that include significant contributions to the *Handbook of Indicators for Family Planning Program Evaluation* and working papers on reproductive health indicators.

## **3. Impact and Methodological Studies**

The EVALUATION Project has commissioned 24 studies that address a number of important areas within the conceptual framework. The vast majority of these studies address contraceptive delivery and uptake. For acceptable reasons, no studies address the pathway between family planning programs and fertility. The studies represent a very qualified team of researchers from

a number of renowned organizations as well as scholars from smaller institutions. Another large plus from the research portfolio has been the studies that have introduced methodologies from other areas into the family planning area (e.g. GIS and palmtop computer-based rapid assessments). The EVALUATION Project deserves only credit for the team it has been able to recruit for this work. Of the research completed thus far, it is uniformly of a high standard.

#### **4. Technical Assistance**

The technical assistance activities are to improve the institutional capacity to carry out evaluation of family planning programs. The demand for technical assistance by USAID missions has been much greater than anticipated. The project adopted a Focal Country Strategy to concentrate project resources in a relatively few countries. The six focal countries are Brazil, India, Nigeria, Morocco, Peru, and Tanzania.

The Project has provided three main types of technical assistance: 1) planning evaluation designs in four focal countries and Ghana; 2) providing special analyses for USAID Missions or host-country institutions in two focal countries and Honduras and Kenya; and 3) helping to implement a population sector evaluation plan in four focal countries. Based on field visits to Morocco and Tanzania, cables from USAID missions, and the 1994 Consumer Satisfaction Survey, the project received very high marks in all countries for its technical assistance. The high quality of staff expertise, their responsiveness, and the excellent working relationships with host-country counterparts were frequently cited. In addition, the project's assistance in designing evaluation plans was deemed very valuable by USAID staff in focal countries.

The Project's work in Morocco and Tanzania provides good models of technical assistance in evaluation. The dual strategy of working with the USAID mission in designing an evaluation plan and also of working with host-country institutions to develop (in Morocco) or strengthen (in Tanzania) local evaluation capacity is laudatory. The project's assistance has clearly come at the right time for USAID missions given the Agency's mandate for developing monitoring and evaluation systems (PRISM). Furthermore, other likely keys to success are the concentration of the project's resources in a few countries and the multiplicity of inputs (technical assistance, training, study collaborations, fellows, visiting professional, and computer equipment) that reinforce the effort. The level of effort for technical assistance activities substantially exceeds what was anticipated.

#### **5. Training**

Training activities have included both U.S.-based and field-based workshops. The teaching at the workshops has been extremely well received, and all evidence is that it was exceptional. Two topics have been covered in the U.S.-based training: methods for impact evaluation of family planning programs and *EASEVAL* software. The Project also sponsored four overseas



workshops: two regional and two in Morocco. A Latin American regional workshop on evaluation methods was conducted in Guatemala. A second regional workshop on Advanced Methods for Family Planning Impact Evaluation was held at the East-West Population Center. The training workshops in Morocco included practical applications to the Moroccan setting in developing research protocols and institutionalizing the evaluation training curriculum at the MOPH. The training area has not been guided by a coherent strategy designed to enhance the institutional capacity of the primary target audiences (with the exception of the workshops in Morocco).

## **6. Dissemination**

Dissemination is a key element of the Project and has been guided by a concise and comprehensive dissemination plan. Other than publication of reference documents, the Project has made available through its Working Paper Series minutes from meetings of the functional working groups, papers from the impact and methodological studies, and selected documents on the technical assistance and training activities. The Project has exceeded expectations for the number of publications and presentations. Unfortunately, the contract underestimated the need for dissemination, so the lack of funding will limit the dissemination activities. So far, this has not been a major shortcoming given the focus on research and methodology development in the project's first three years.

## **7. Fellows Program**

The EVALUATION Project has established both a senior and a junior fellows program. The senior fellows program has brought two senior researchers, one from India and one from Nigeria, to work on the design and development of evaluation tools. It is considered very useful and worth continuing. The junior fellows program has brought two fellows, one from Nigeria and one from Uganda, and will bring two more from Morocco. It is a valuable means of transferring skills and getting people from developing countries involved in evaluation.

## **8. Internal Evaluation**

Given the nature of the Project, internal evaluation is expected to set an example for other CAs. A formal Internal Evaluation Strategy has been developed. It is detailed, comprehensive and includes process and output indicators for all major project activities. It is an impressive piece of work, although its usefulness remains to be seen. In addition, staff have with reasonable consistency carried out end-of-activity evaluations for working groups and training, and the project paid for an independent consumer satisfaction survey. The results of these evaluations have been very positive.

## **C. ORGANIZATION, MANAGEMENT AND FINANCES**

The three institutions carrying out the EVALUATION Project constitute a very competent cadre of staff. The technical expertise and experience of the Project's senior staff is uniformly high, as is the competence of most other individuals who have been involved in the various Project activities.

The primary activities have been well-apportioned among the three organizations. All have contributed to the reference documents. The Carolina Population Center (CPC) has managed or carried out most of the impact and methodological studies. Tulane took the lead on the working groups with substantial input from The Futures Group International (TFGI). The technical assistance work is fairly evenly divided with CPC playing a central role in India, Nigeria and Tanzania; TFGI in Brazil and Peru; and Tulane in Morocco. In the training area, TFGI has been the main actor with CPC also playing an important role. As the prime contractor, CPC also has the lead role in dissemination, the fellows program, internal evaluation, and the advisory board.

The Project is well managed, and the Project's expenditures are in accord with expectations. The USAID Contracts Office has been very slow in processing project documents, and these delays have inhibited the Project's implementation. The prime contractor, CPC, and TFGI have experienced some strains in their relationship, but both parties are aware of the issues and the need to improve communications. The fact that the EVALUATION Project was issued as a contract has restricted the project's flexibility in developing and experimenting with new approaches to evaluation.

The Project has produced impressive strategies for most major Project activities that helped not only to give an identity and cohesiveness to each area, but also helped to guide and manage the work. Some delays in producing reference documents are rightfully excused given their high quality and comprehensiveness. Furthermore, neither the scope nor complexity of these materials was appreciated in the RFP or the contract.

### **1. Finances**

The total cost of the contract for the EVALUATION Project is \$14,175,385. Through FY94, \$10,524,000 had been obligated to the C-contract (Core) by the Office of Population and the Africa Bureau and \$700,000 has been obligated to the Q-contract (buy-in) from the USAID mission in Morocco and the Africa Bureau. The Office of Population expects to fund the contract fully during FY95. The distribution of expenditures among line items is roughly as expected, and the costs associated with the primary activities are also appropriate. The project has managed its expenditures well.

## **2. Advisory Groups**

The Technical Advisory Group (TAG) reviewed the project's research agenda and provided peer review of proposed studies. The overall level of expertise on the TAG is outstanding, with a good mix of areas of expertise, interest, and representation from developing countries. The TAG's review process has allowed an open and high-level discussion of the strengths and weaknesses of proposals as well as the potential contributions to the field of family planning evaluation.

The Policy Advisory Group (PAG) provides donors and users of the Project's work a voice on the practical, field view of evaluation. The PAG had been listened to and its views helped to guide the Project.

## **D. RELATIONSHIP WITH USAID**

The EVALUATION Project has an excellent relationship with USAID staff in the Office of Population. The Working Groups quickly gave the Project an identity especially given the extensive participation of Office staff. In addition, the Project has been extremely responsive to requests made by USAID. A prime example is the willingness to tackle a new, complex area: the impact of reproductive health interventions.

While staff in the Office of Population are very familiar with the EVALUATION Project, the staff in the Office of Health and Nutrition are largely unaware of the EVALUATION Project. The Project's work in reproductive health is seen as a separate endeavor outside the Project's scope.

The Project has excellent relations with those USAID Missions with which it has had extensive contact: Brazil, India, Morocco, Peru, and Tanzania. Given that the EVALUATION Project intentionally concentrated its technical assistance in a limited number of countries, it is not surprising that the Project has relatively limited identity among USAID field missions. However, 14 USAID Missions stated a definite need for evaluation assistance in the future.

The USAID Cognizant Technical Officer/Technical Advisor (CTO/TA) has played an effective role as gatekeeper to ensure that the Project's effort was not too disbursed in the early years. The CTO/TA also prepared two management reviews that were thorough, well-done, and useful for the Project's management.

## **E. THE IMPACT OF THE EVALUATION PROJECT**

Even though the EVALUATION Project has been in existence for only three and one-half years, it has already had considerable impact. The EVALUATION Project has made significant contributions by:

- ▶ Successfully creating a clear and concise conceptual framework of the interrelationships between family planning program inputs, processes, outputs, and outcomes. The framework is guiding the design of research and methodologies on impact evaluation.
- ▶ Developing a consistent and well-defined set of family planning indicators. Even though these indicators still need to be tested and further refined, the published set of indicators has already had an impact on how evaluation is thought about and carried out.
- ▶ Pulling together the available material on methodologies of family planning evaluation and generating research to further develop and elaborate promising methodologies, e.g., multi-state models, GIS.
- ▶ Making major advances in the development of new applications of impact evaluation methodologies in the field. While only being tried in the Project's focal countries, they will provide lessons for evaluation in many places.
- ▶ Stimulating a change in thinking among USAID staff (both in missions and in Washington) through a much greater awareness of the importance of evaluating the impact of family planning program.
- ▶ Substantially assisting a select number of USAID missions in development of the PRISM system and in carrying out required evaluations.
- ▶ Improving the design and planning of evaluation in bilateral projects in Cambodia, India, the Philippines, and Turkey; and in central projects (PRIME, SEATS, the Policy); and in improved implementation of mid-term evaluations of central projects (ASIA OR, OPTIONS, and RAPID).
- ▶ Bringing experts from various disciplines into the field of family planning evaluation who never before worked in it. Many of these individuals are applying innovative and valuable approaches to various methodological and research issues.

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- ▶ **Fostering relationships and collaboration among individuals and organizations through working groups, advisory groups, technical assistance, and other activities.**

## **F. RECOMMENDATIONS FOR THE REMAINDER OF THE CURRENT PROJECT**

### ***Indicators Handbook and Working Papers***

- The *Handbook of Indicators for Family Planning Program Evaluation* should not be revised until indicators have been tested and refined. The Project should prepare a short, easily understood companion booklet on how to use the *Handbook* and how to select indicators in a given setting.
- The material on reproductive health (RH) indicators should be kept as six separate working papers.

### ***EASEVAL Software and Manual***

- Prior to carrying out extensive enhancements to the software, Project staff should conduct market research on the target audiences using or likely to use *EASEVAL* and how to increase use. The *EASEVAL* software and manual should not routinely be sent to the field without providing training and DHS data.

### ***Functional Working Groups***

- Working groups should meet again to discuss field testing of the indicators and possible revisions for a future edition of the *Handbook*.
- A special working group or committee should be convened for the purpose of developing guidelines and selection criteria for choosing a limited number of appropriate indicators for country-specific evaluations of the inputs, processes, outputs, and/or outcomes of program functional areas or for evaluating overall program impact on fertility.

### ***Impact and Methodological Studies***

- The major focus of the remainder of the Project must be to ensure that all the studies are completed and that the results are disseminated in an accessible and timely manner.
- With regard to the contextual data contained in the Service Availability Modules (SAMs) and Software Analysis Packages (SAs), the project and USAID should work with Macro International and The Population Council to ensure that both data collection efforts are complementary. USAID is strongly urged to commission in the near future a cross national study of the impact of service availability on

contraceptive use using data from the SAMs. The availability study should be multilevel using a variance components approach.

### **Technical Assistance**

- The project should continue to concentrate on focal countries. It should begin to institutionalize its technical assistance work through multi-tiered, targeted training and dissemination efforts.

### **Training**

- Project staff should design a training strategy for the remainder of the project to help guide training in the follow-on project. Such a strategy would help ensure that the excellent results from the EVALUATION project will be widely used in the field.

### **Dissemination**

- There should be increased emphasis on dissemination activities in the future. Project staff should explore various channels for getting out more information about the project's activities and publications.
- Project staff should consider developing a RAPID-type presentation on the approach and results of its work on impact evaluation that can be shown to key audiences.
- At the conclusion of the current project, it would be desirable to hold a major conference to disseminate study results, case studies, methodologies, and other products developed by the project.

### **Fellows Program**

- The senior fellows program should be continued. In the future, a number of junior fellows should participate at a given time (small groups of two to four people) from the same country or region and stay for shorter periods of time, approximately three to four months.

### **Internal Evaluation**

- Near of end of the five-year project, the staff should assess the usefulness of the internal evaluation strategy. If warranted, it should be offered as a model for other CAs.



### **Organization, Management and Finances**

- The Technical Advisory Group (TAG) and Policy Advisory Group (PAG) both serve useful and distinct functions and should be maintained as separate groups. As currently, they should have advisory, but not oversight functions.

## **G. NEEDS AND PRIORITIES FOR THE FOLLOW-ON EVALUATION PROJECT**

The following recommendations are offered to guide the follow-on project.

1. The project should be issued by USAID as a cooperative agreement to maintain maximum flexibility in carrying out future research that addresses the evolving conceptual framework.
2. The project should continue to have research as its major focus in order to address important research gaps in family planning evaluation that remain. Appropriate methodologies should be developed and used that answer the question of the impact of family planning programs on fertility in a wide range of settings.
3. Research funds should be allocated to conduct a comprehensive and in-depth analysis of existing data from the DHS Service Availability Modules (SAMs) and the Population Council's Situation Analysis (SA) studies carried out in selected countries over the past several years.
4. The project should ensure sufficient funding for secondary analysis of data collected in the focal countries, particularly in Brazil, India, Morocco, Peru, and Tanzania.
5. Both technical assistance and training should continue to be key elements. The models and strategies for technical assistance that have been developed and implemented effectively in Morocco and in other focal countries should be institutionalized in those countries and replicated in a limited number of additional focal countries.
6. The project training component will need to be strengthened and expanded based on a needs assessment (if not done under the current project) and the development of a training strategy.
7. The project should provide increased attention to and funding for dissemination of reference documents, software, country case studies, and the results from the impact and methodological studies produced by the EVALUATION Project.
8. Technical assistance and country-specific evaluations should be carried out mostly in the focal countries where they help to test or establish methodologies. The project should work in a larger number of focal countries so that more would benefit from the project's technical assistance.
9. The TAG and PAG should be constituted as separate groups; they should continue to have advisory but not oversight functions.

10. USAID should explore joint funding by other donors of the follow-on project. Such finding could be used at a minimum for training selected staff and adapting the project's training materials to these other institutions.

## **1. Introduction**

### **1.1 Background of the Project**

Responding to a need for greater and more systematic emphasis on evaluation of the impact of family planning programs, the Office of Population at USAID developed a 10-year centrally-funded project, Evaluating Family Planning Program Impact (EFPPI) in 1991. The purpose of the Project is to strengthen USAID's population assistance by enhancing the capacity of USAID and host-country institutions to evaluate the impact of population programs on fertility. The EFPPI was amended in 1993 to expand the purpose to evaluating the impact of population programs on fertility and women's lives.<sup>1</sup>

The EFPPI provided authority for The EVALUATION Project to support technical and methodological advancement of population program evaluation. The five-year, competitively procured project with a budget of \$14,175,385 is carried out through a contract with the Carolina Population Center at the University of North Carolina, in collaboration with The Futures Group and Tulane University. USAID plans to have a follow-on to the current EVALUATION Project that would also be a five-year, competitively procured project.

The Project's three objectives are to:

- ▶ Develop consistently defined indicators of family planning impact for use across population projects and programs;
- ▶ Apply methodologies developed through this project in USAID's central and field population projects and programs; and
- ▶ Facilitate the inclusion of impact evaluation plans in new population projects at the design stage.

The Project's activities that fall under seven categories include:

1. Preparing reference documents for evaluation of family planning:
  - o State-of-the-art literature review
  - o Conceptual framework for analyzing family planning effort
  - o Typology of family planning programs
  - o Handbook of consistent indicators
  - o Evaluation manual
  - o Interactive computer program to access DHS data for family planning evaluation

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<sup>1</sup>The amended PP provided authority for a new five-year project, The Women's Studies Project (1993-1998), that explores the impact of family planning on women's lives.

2. Conducting working groups focused on the evaluation of various family planning program functions, including service delivery, training, commodities and logistics, policy, information-education-communication, management, operations research, and evaluation
3. Conducting impact and methodological studies
4. Providing technical assistance in family planning evaluation to national programs and USAID missions
5. Conducting U.S.-based and overseas training workshops in family planning evaluation methods
6. Hosting senior and junior fellows to spend one year each collaborating with project staff to develop evaluation studies and methods
7. Disseminating the results of the Project

The work of the Project is guided by a Technical Advisory Group (TAG), consisting of experts in family planning evaluation, and a Policy Advisory Group (PAG), consisting of representatives of international and national agencies involved in family planning assistance and evaluation.

## **1.2 Methodology for the Evaluation**

The contract for The EVALUATION Project describes two types of evaluations of the Project's work. First is internal evaluation. Given the Project's objectives, USAID deemed that The EVALUATION Project should be exemplary in evaluating its own performance. Thus the contractor was expected to specify measurable objectives, and assess and document whether the expected outcomes are being achieved. (See Section 3 for a discussion of the Project's internal evaluation work.)

The second type of evaluation is external evaluation. This includes annual USAID management reviews conducted by the G/PHN/POP Technical Advisor in the years in which the contract does not receive an independent external evaluation. Two such reviews have been conducted: 1) December 1992 covering the Project's first year (October 1991 - September 1992) and 2) March 1994 covering the Project's second year (October 1993 - September 1993). Both reviews concluded that the Project was well-implemented, having few of the problems that might normally be expected of a new endeavor.

An external evaluation of The EVALUATION Project was called for in Year 4. The purposes of this evaluation are to:

- Assess the extent to which the Project has accomplished the purpose as set forth in the Project design.
- ▶ Assess how organization, management, and finances have influenced the accomplishments of the Project.
- ▶ Evaluate whether or not the activities included in the design of the Project were the best ones for accomplishing the Project purpose.
- ▶ Identify remaining needs that should be addressed in the follow-on procurement.

In addition to the above purposes and the questions listed in the scope of work, the evaluation team was also asked to advise USAID on how well the measurement of service inputs in the DHS Service Availability Modules (SAMs) and the Population Council's Situation Analysis studies (SAs) are satisfying The EVALUATION Project's data needs for optimal evaluation of program impact. (See Appendix E.)

The current evaluation was carried out by a four-person team from January 9 - February 3, 1995 (see Appendix A for the scope of work). The team spent several days in Washington, D.C. for team planning and for meetings and interviews with USAID officials, staff of The Futures Group, and other population organizations. During this time the team also conducted numerous telephone interviews. The team spent two days at UNC's Carolina Population Center and one day at Tulane University, in both cases meeting with key university staff involved in the Project. Two team members spent one day in New York City interviewing staff of several population organizations.

Following the U.S.-based data gathering, the evaluation team spent the third week in the field. Two members spent three days in Rabat, Morocco, and two members spent two days in Dar-es-Salaam, Tanzania. These field visits enabled the team to interview both USAID and host-country officials who have had direct contact with the Project's technical assistance in two focus countries (see Appendix B for the List of Individuals Contacted). In addition to the many in-person and telephone interviews, the team also reviewed project documents and other pertinent material made available by the contractor, subcontractors, and USAID staff (see Appendix C for a bibliography).

En route back from the overseas field trips, the team met for one day at the University of Southampton (home institution of one team member) to review preliminary findings and recommendations. Subsequently, three team members gathered again in Washington, D.C., for two days to prepare for and hold debriefings with USAID and contractor staff.

## **2. Review of Project Performance**

### **2.1 Improved Measures of Family Planning Impact and Use of Existing Data**

Most of The EVALUATION Project's effort has been devoted to research and to the development, enhancement, and testing of methodologies for evaluating family planning programs and assessing their impact. These activities are part of the first element described in the Project's Scope of Work: improving available measures of the impact of family planning programs and using existing data to test evaluation methodologies in various country settings. Three types of activities comprise this element of the Project: 1) development and publication of reference documents; 2) convening and managing working groups in functional areas of family planning; and 3) conducting impact and methodological studies in family planning evaluation.

On the whole, both the quality and quantity of work produced by The EVALUATION Project have been exceptional. The Project staff has produced an impressive volume of documents related to the evaluation of family planning programs and measurement of program inputs, processes, outcomes, and impact. These documents have generally been more comprehensive than specified in the contract.

The combination of the reference documents being produced, the outputs of the various functional working groups, and the internal and external studies that have been or are being conducted provide a sounder basis than was previously available for carrying out evaluations of the impact of family planning programs. By the time the contract ends in 1996, the available methodologies for evaluating programs and measuring impact and the research findings in these areas will be more advanced than they were prior to The EVALUATION Project.

One area that deserves a greater share of the Project's attention is the segment of the conceptual framework that links family planning programs to fertility. To date, the focus of most research has been on pathways linking assorted inputs, process, and outcomes throughout the conceptual framework. There is little doubt that virtually all pathways within the conceptual framework are important. However, the stated purpose of The EVALUATION Project is to "strengthen the capacity . . . to evaluate the impact of population programs on fertility". So far, project efforts have not focused as much on fertility impacts as might be expected, given the intended emphasis on this topic. Until the direct links to fertility have been thoroughly researched, it is still necessary to make a leap of faith to some extent about the connection between service delivery programs and fertility decline.

#### **2.1.1 Reference Documents**

The contract for The EVALUATION Project called for the development of six reference documents, plus periodic updating of those documents to take into account new information and approaches developed or compiled by the Project. To this point, only two of the six documents have been published, although all of the others have been drafted and look to be nearly ready for

publication. In addition to the six required documents, the Project has also developed "A Conceptual Framework for the Evaluation of Reproductive Health", a document not envisioned at the beginning of the Project, but developed in response to a request from USAID after the Project had begun.

#### **2.1.1.1 Conceptual Framework**

The Project contract called for the publication of a conceptual framework by the end of Year One, with an update by the end of Year Five. The stated purposes of this framework were to guide contract activities and help to describe the relationships and interactive effects hypothesized to take place among family planning program components. Three and one-half years into the Project, this document has still not been published. Despite this, a conceptual framework was drafted as one of the early activities of the Project and has provided essential direction for other program activities. The draft framework has done an excellent job of conceptually linking family planning program inputs, processes, outputs, and effects. Conceptualizing these linkages has allowed the Project to decide on the content of its various activities. For instance, it has helped define the scope of each of the functional level working groups. By using the framework to guide the development of models of family planning program impact and the determination of various evaluation approaches, the framework has played a major role in the selection and generation of research topics. Thus, developing the conceptual framework has proven to be a valuable exercise. Because the conceptual framework is a working document (and one that is still evolving) that has helped to guide various Project activities, the fact that it has not yet been published is not a problem.

The Project also took on the task of developing a conceptual framework for helping to guide the evaluation of the impact of programs on reproductive health. Its purpose is to provide the same sort of underpinning for future evaluation of the program impact on reproductive health outcomes. We recognize that this is a much more daunting task than development of a similar framework for family planning, because of the great number of possible reproductive health outcomes that could be assessed and the fact that this area has been researched much less extensively than family planning impact. This document has been in development for a relatively short time, but shows considerable promise, given these factors and the complexities inherent in the area of reproductive health. The draft document appears to be well thought out and promises to make a significant contribution to any future research into reproductive health impact.

#### **2.1.1.2 Handbook of Indicators for Family Planning Program Evaluation (February 1994)**

The *Handbook* provides a comprehensive listing of the most widely used indicators for evaluating family planning programs in developing countries. It provides consistent definitions of the indicators and compiles the different elements of family planning programs (training, management, etc.) into a single, accessible document. The indicators are organized according to



the Project's overall conceptual framework and thus help to make the operations of family planning programs and their likely impact more transparent and understandable.

Three thousand copies of the *Handbook* were produced (2,000 initially and 1,000 in a second printing), and 2,159 copies had been distributed by January 1995. Of these about 25 percent were sent to USAID (half to USAID/W and half to Missions), 30 percent to Cooperating Agencies, 25 percent to host-country institutions, five percent to other donors, and 15 percent to universities, NGOs, etc. The *Handbook* is being translated into French and Spanish (with the assistance of performance based disbursement [PRB]). Given the expense of producing books similar to the English version, translated versions are in Word Perfect. Copies of each foreign language version will be available in both printed form and on diskette.

Every copy of the *Handbook* includes a bounce-back questionnaire. As of January 1995, 132 questionnaires (six percent) had been returned. Respondents indicated that they used the *Handbook* for reference in daily work and research, and 85 percent rated the document as "very useful". The Evaluation Team heard various comments over the course of interviewing USAID staff and other individuals. Most found the *Handbook* to be an impressive and useful document; some found the large number of indicators daunting and requested that additional guidance be given to help users select subsets of indicators. One person requested that any update include an index.

The Project's contract called for a first version of an indicators handbook to be prepared by the end of the first year. This version was to include only those indicators for which there was general agreement on definitions. Annual updates of the *Handbook* were anticipated. The *Handbook* was actually produced in February 1994 or two and one-half years into the contract. The production delay is more than compensated by the high quality and comprehensiveness of the document. Since this was a first time effort in essentially uncharted waters, it is not surprising that USAID staff could not have anticipated the extent of the undertaking. Furthermore, the preparation of the *Handbook* was informed to some extent by the activities of several working groups (i.e., policy, service delivery, commodities and logistics, training, management, and operations research). For those Working Groups that began in the Project's first two years, the *Handbook* reflects those deliberations.

Given that the *Handbook* has only been available for a year and that foreign language versions are just becoming available, it is advisable to postpone updating the *Handbook* until the follow-on project. In addition, the Evaluation Team and most of those interviewed favor testing indicators in the several aspects of service delivery and policy before updating the document. Furthermore, a short booklet to accompany the larger document can be prepared under the current project on how to use the *Handbook* and how to select indicators, thereby addressing the main shortcoming of the *Handbook*.

A desired output of the Reproductive Health Working Groups (see section 2.1.2.8) is a document similar to the *Handbook* for family planning. Given the diverse nature of reproductive health

topics and the numerous indicators proposed for each, it would be difficult and probably unwise to produce a single document at this stage. Many of the reproductive health indicators are experimental and require a good deal of testing before their feasibility, reliability and validity can be determined; thus a series of working papers on the major topics would underscore the fact that these are works in progress.

### **Recommendations:**

1. The *Handbook* should not be revised until the indicators have been tested and refined and the foreign language editions of the original version have been distributed and had a chance to be used even if that means postponing the update until the follow-on project.
2. Project staff should prepare and distribute a short, easily understood companion booklet on how to use the *Handbook* and how to select indicators in a given setting.
3. For the time being, the Project should produce documents on reproductive health (RH) indicators as separate working papers, rather than publishing a comprehensive reproductive health indicators handbook analogous to one in family planning.

### **2.1.1.3 EASEVAL Software and Manual**

The *EASEVAL* software package and its accompanying manual were developed to provide program officers, evaluators, and policy makers with an interactive computer program to facilitate increased and improved use of DHS survey data to answer questions relating to program performance and impact. *EASEVAL* allows personnel without expertise in data analytic packages such as SAS or SPSS to extract more detail from DHS (and other similar) data sets than is possible with published survey reports. *EASEVAL* allows users to compute frequency distributions and cross-tabulations and to construct evaluation indicators from DHS data. Current *EASEVAL* graphic capability is limited to pie charts of frequency distributions.

The original contract called for the computer program and companion manual to be completed by the end of Year 2 (i.e., autumn of 1993) of the Project. Some delays were encountered in the development of the software and the publishing of the *EASEVAL* manual. Consequently, *EASEVAL* training and dissemination activities were also somewhat delayed. The *EASEVAL* manual was published and released in February 1994.

Copies of *EASEVAL* software and the companion manual were sent out to USAID missions around the world. Because they were sent with no training, data, or other materials, the Evaluation Team felt this could result in a lack of use or inappropriate use of the software. Training is seen as essential to ensuring the correct and effective use of the *EASEVAL* software. Although the overall response of those exposed to *EASEVAL* was favorable, the number of people trained in *EASEVAL* who were actually making use of it seems to be small. A hotline

exists to deal with *EASEVAL* questions and problems, but reportedly only about one or two calls per month had been made over the previous twelve months.

One non-DHS survey (in El Salvador for which the Centers for Disease Control provided technical assistance) has been converted from SAS to *EASEVAL* and conversion of other CDC surveys is planned. Other organizations that use ISSA software for survey data entry and analysis (e.g., CERPOD in Mali) can easily adapt their survey formats to *EASEVAL*.

To date, the *EASEVAL* software and manual has been offered free of charge. However, *EASEVAL* users must register with The Futures Group to obtain updates to the software. *EASEVAL* users must also obtain DHS survey tapes separately (standard recode files or raw data files). *EASEVAL* is compatible only with DHS data files in ISSA hierarchical data format. Rectangular or flat format DHS files sent out to users for SPSS and SAS software analysis are not compatible with *EASEVAL*. This is a limitation of the *EASEVAL* software.

Making data available to *EASEVAL* users depends on Macro's making its data sets available. Unfortunately, there has been a delay in completing standard recode files for DHS surveys. As of January 1995, country recode files were completed for all 29 DHS I surveys, 6 of the DHS II surveys, and 4 of the DHS III surveys. Preparation of recode files for 6 additional DHS II surveys was in progress as of January 1995. The disadvantage of using the raw data files is that *EASEVAL* can compute the family planning indicators only from standard recode files.

In conclusion, the Project has made substantial progress toward achieving its objectives of making it easier for program staff and policy makers to work with DHS data and of making the data more accessible to them. However, *EASEVAL* remains a long way from realizing its potential in terms of its use. Although much of the training was found to be useful, the Evaluation Team found little evidence of individuals continuing to use *EASEVAL* after the training. In addition, the USAID mission staff interviewed were for the most part unaware of the existence of *EASEVAL*, even though the software and manual were mailed to each mission.

Some of the shortcomings of the current version of the software noted by the Evaluation Team were: 1) an inability to calculate indicators from raw data files; 2) minimal graphics capability; 3) conversion to *EASEVAL* of surveys not in ISSA (such as SAS or SPSS) is difficult, and requires a program to rewrite the data dictionaries into ISSA format; 4) *EASEVAL*'s analytic capability of two surveys within the same country or between countries has yet to be implemented; 5) the software allows for calculations of some indicators for subgroups which may have little meaning or too few observations (e.g., calculation of a total fertility rate for women over 30 years of age or for a subgroup with very few women); and (6) the lack of inclusion of health indicators and child-based indicators.

## **Recommendations:**

1. A considerable amount of "market research" is needed on the degree to which the target audience is using or is likely to use *EASEVAL* and how to increase use before any extensive enhancements are made to the software. If the software is deemed useful and a cost-effective way of providing program officers and policy makers access to DHS data, enhancements and further dissemination and training in *EASEVAL* are warranted.
2. The most important modifications to the actual software would include adding warnings about sample sizes and interpretation of results and improving the graphics capability. *EASEVAL* should add the ability to calculate health and child-based indicators if it is decided to include reproductive health and infant and child health in the mandate for the follow-on project.
3. *EASEVAL* software and manual should not be sent to the field without providing training and DHS data. Because of the limitations of the *EASEVAL* software, whenever possible, the manuals and software should not be provided apart from training, at least until a sufficient number of in-country/in-office trainers have been identified (i.e., using a Training of Trainers strategy). Although the *EASEVAL* manual does include specific cautions about the proper use of DHS data, some of the cautions that need to be emphasized in the training and in the software program itself are: the issues of small sample sizes for some calculations and awareness of possible variations in questionnaire skip patterns in different countries that may affect the comparability of results between some countries.
4. A warning is needed in the software program itself to alert users when estimates are based on too small a number of observations. This requires a double calculation of the weighted and unweighted samples to get the true estimates of the number of cases for cells in the table or indicators of interest (e.g., TFR for subgroups). One option would be not to calculate the table or indicator if the number of cases is below a certain size. An option should be available to show the true number of cases for each column and row in the tables.
5. The software needs to be modified to permit analysis of changes between two surveys in the same country.
6. There is no compelling need to develop a multivariate data analysis capability within *EASEVAL*. This would defeat the purpose of *EASEVAL* and would be a redundant effort as many excellent multivariate analysis software packages already exist.

### **2.1.1.4 Guide to Methods of Family Planning Program Evaluation**

This is an excellent document that should serve as a reference book for family planning researchers for a long time. The document provides planners with a review of all the methods that can be used to evaluate programs. It is kind to some of the simple methods that are widely used by practitioners in the field, but does not shirk from explaining clearly the pros and cons of

such methods. Its strength is in the clarity (for researchers) of its exposition of the data and methods that are required to answer correctly questions about the real impact of family planning programs, most notably multilevel analyses based on longitudinal data and the benefits of experimental and quasi-experimental designs.

It is possible that the theoretical exposition may make it difficult for practitioners in the field to appreciate fully the benefits of the complex techniques described. Therefore, the Project should develop some user friendly boxes that give clear examples of how useful the analytic techniques can be, given proper data collection. This document should be developed as a flagship deliverable.

#### **2.1.1.5 Typology of Family Planning Programs**

The contract calls for the development of a typology to classify family planning programs by the stage of their development. The Evaluation Team supports the aims of the typology. A comprehensive classification based on a cluster analysis of many program and socio-economic variables could be a very useful tool for identifying focal countries at various stages of program development. To be useful, the typology should give planners and policy makers a clear view of where their program fits into the classification and the key areas that would need to be address in order to "advance" their position.

Dr. K. Srinivasan, a Senior Fellow of The EVALUATION Project, developed a typology and prepared a working paper (#WP-RD-03) dated October 1994. The document meets the criterion of a deliverable for the contract. The document provides a country level analysis of the relationship between dependent variables such as contraceptive prevalence and fertility and independent variables reflecting the political environment, socio-economic setting, and family planning program efforts. In general, the analysis is competent although the author does have some idiosyncratic statistical ideas (that many statisticians would find naive). For example, much is made of the significance of correlation coefficients. Few statisticians would consider a test of the null hypothesis that the correlation coefficient equalled zero to be a meaningful test. The working paper is not written in a particularly accessible form, inasmuch as it contains no table of contents, introduction, conclusion, or clear classification of programs.

Having said this, the Evaluation Team accepts the working paper as a deliverable and concludes that little would be gained by revising it. In the follow-on project, it may be useful to consider developing another typology document. The key question is how such a typology would help the evaluation of programs. At one level, a typology of good programs in different settings would give an evaluator a set of yardsticks by which to judge a program. At another level, a program officer wanting to initiate or improve a program could draw on the typology in making decisions and improving planning. It may be that these uses are already addressed by the *Handbook* in conjunction with the proposed booklet giving illustrative examples of how to use the indicators. In this case, the development of another typology document may not be cost effective.

#### **2.1.1.6 Strategies for Family Planning Program Evaluation**

This manual was originally conceived as a practical guide for conducting evaluations, written for use by host-country personnel, USAID staff, and CAs. The contract called for this document to be finished by the end of Year 2, with an expanded revision published by the end of Year 4. The document has not yet been published, but based on a review of the draft document, it appears to be almost ready for publication.

This manual, written at a level which is appropriate for individuals without high level technical or scientific training, can be viewed as a companion document to the *Handbook*. The authors of the manual have done a good job of achieving the Project's goal of producing a document that gives a detailed, but non-technical overview of the process of family planning program evaluation. The manual starts out by addressing the basic issue of what is the value of carrying out evaluations. It then moves on to cover topics such as: defining the scope of an evaluation; deciding what to measure and how to measure it; study designs for assessing impact; and data collection, analysis, and dissemination issues.

The Evaluation Team finds this document to be potentially the most valuable of those prepared so far by The EVALUATION Project. If the Project achieves successful marketing and distribution of the manual, it is likely to be a widely used tool for guiding program evaluations. The manual is comprehensive, readable, and written at the appropriate level for its intended audience, i.e., program or field staff who may carry out program evaluations. Another strength is that the manual emphasizes evaluating the impact of programs on fertility change and not just on service delivery or contraceptive prevalence.

Although this document has not yet been published, the draft appears to be nearly complete. However before finalizing it, the Evaluation Team agrees with the Project's decision to have the manual reviewed by USAID Office of Population and field staff, in order to ensure feedback from a sampling of individuals who can judge its usefulness in the field. Even though it is obviously impossible to specify in a generic manual how much it will cost to carry out an evaluation, it would be useful to let readers know the relative costs of different types of evaluation approaches and methodologies. Finally, the section of the manual on data analysis (Chapter V, Section III) needs to be strengthened by including illustrative examples.

#### **Conclusions:**

Both the published and still-to-be-published documents are of consistently high quality and most, if not all, should ultimately prove valuable in the field of family planning program evaluation. Despite the fact that the contract called for the six required reference documents to be published in the early years of the Project, only two of them have been published so far. However, we consider this to be a relatively minor shortcoming of the Project. Not only did the Project staff initiate in advance other activities planned for later stages of the contract, but it also appears that the contract underestimated the time needed to produce these documents. The quality and

comprehensiveness of the documents also must be taken into consideration when judging the Project's performance: according to a number of USAID staff members, the documents considerably exceed what was expected. At the current time, all unpublished documents appear very close to being finalized.

### **2.1.2 Functional Working Groups**

The contract calls for eight working groups (WGs) in functional areas of family planning programs. The working groups are to improve evaluation methodologies by: 1) assessing current indicators of performance and impact for each of the functional areas; 2) recommending improvements and standard procedures for tracking progress using the indicators; and 3) working with the CAs and their AID/CTO/TAs to facilitate use of the improved indicators in the design, management, and evaluation of projects.

A total of seven working groups were formed in family planning and one (with five subgroups) in reproductive health. By design, the working groups were to begin in a staggered fashion, starting two new working groups each year. As a result, some WGs met only in the early part of the Project, met only twice, and finished their work before the *Handbook* was produced. At least one, the Training Working Group (TWG), had existed prior to the Project and thus needed less time and work to fulfill its objectives. Others had many meetings which have continued into the fourth year of the Project (e.g., Service Delivery Working Group). In contrast, the IEC Working Group held its first meeting in 1994.

The working groups have been an extremely valuable activity. They were exceptionally well-organized and well-run, bringing experts together to produce useful results. A major advantage of the working groups was that they brought together many of the cooperating agencies working in family planning and reproductive health, adding valuable expertise to the Project's effort to develop indicators and doing so at relatively low cost. The working groups also provided a forum for disseminating information to CAs and other organizations about The EVALUATION Project's activities.

However, people in the field, such as USAID mission population and health officers and their country counterparts, were reportedly not included in the working group process and had no opportunity to provide input in the identification and design of evaluation indicators or to review the draft documents and other outputs of the working groups.

Although the contract stated that the working groups should include no more than ten members, the size and composition of the groups varied considerably. In general, anyone expressing interest in a particular working group was allowed to participate, which sometimes resulted in working groups that were too large to be of maximum effectiveness. The EVALUATION Project did not pay for transportation or per diem for working group participants, and there tended to be many representatives of Washington, D.C. and East Coast-based CAs (where most CAs are located) participating in the meetings. A few working groups were quite large and had

more program people and fewer experienced researchers participating consistently at the meetings, which may have slowed down the progress of the development of indicators.

Working group participants were generally very positive in their reviews of the working group process and of the moderators. Some participants were uninformed about other activities of The EVALUATION Project - a missed opportunity for disseminating information about the Project. A few participants expressed concern about such issues as: 1) the lack of adequate representation of some of the key organizations in certain groups; 2) the need for smaller groups to be more manageable and effective; 3) not enough time for discussion; and 4) the need for better handouts at the sessions or a list of key questions and readings to be distributed before the meetings.

The output of the working groups includes final reports and contributions to the *Handbook* in family planning and working papers in reproductive health. To date, only the Training Working Group has a final published report and others are in various stages of completion.

### **Working Groups in Family Planning**

#### **2.1.2.1 Training Working Group (TWG)**

The organization and the composition of the Training Working Group (TWG) were appropriate. The TWG has produced a valuable document. The focus is on indicators for clinic based delivery of contraceptive services and describes a set of indicators that reflect the ability to give people contraceptives. The eight key indicators that appear in the document are appropriate for this objective although it would be good to see some advice on the effective monitoring of teaching quality.

Performance indicators for training are extremely difficult to identify in a simple, clear manner. For example, excellent trainers may be conducting inappropriate training courses for enthusiastic trainees who sadly do not have the appropriate prior skills. To overcome this requires a detailed training strategy and a system for monitoring quality of teaching as well as for identifying the medium- and long-term impact of the training. One would expect that these points are appreciated by the TWG.

The brevity of the TWG contribution to the *Handbook* of indicators is appropriate as training should be inculcated throughout all aspects of the *Handbook*. However, the need for a well-thought out training evaluation strategy is very important, and such an example should be included in a revised *Handbook*.

#### **2.1.2.2 Service Delivery Working Group (SDWG)**

The SDWG planned to direct its efforts to three topics: quantity, quality, and costs of services delivered. Initially, the group addressed quality given the interest among CAs on this topic and that there had been previous work but no consensus on appropriate methods for evaluating



quality. Given the broad and varied topics that fell under the SDWG, it is not surprising that there was a large number of participants. Three subcommittee and three full SDWG meetings on quality were held between June 1992 and April 1993. These meetings involved a number of key individuals who had previously published on the QOC in family planning programs.

In addition, two full and two subcommittee meetings of SDWG were held between September and December 1993 on: cost; indicators for adolescents programs and unmet need; indicators for reproductive health and alternative denominators to Couple Years Protection (CYP) in cost analyses; and sustainability.

The Quality Subcommittee developed a list of indicators for clinic-based services that appears as Appendix C in the *Handbook*. This list was adapted both for community-based distribution (CBD) and contraceptive social marketing (CSM) programs. Currently there are 42 indicators of quality for clinic-based programs, 38 for CBD, and 25 for CSM programs. The SDWG recognizes the need to test the indicators, and several organizations are apparently doing just that. The SDWG cites the need for further work to: review field experience with the indicators, revise the indicators and develop a shorter list, and link program-based measures of quality with population-based measures of outcome (e.g., contraceptive prevalence).

The initial work of the SDWG on reproductive health subsequently led to a separate working group on this topic (see below). The meeting on adolescents identified special issues in evaluating adolescent programs. The discussion of unmet need covered definitions and approaches to measuring this concept. The discussion of alternative denominators to CYP in cost analysis pointed out the need for more information on uses and limitations of cost analyses. The Subcommittee on Evaluating Sustainability presented various issues on measuring the financial, program and organizational sustainability of family planning programs.

The topics covered by the SDWG are many and complex. Only in the area of QOC was consensus reached, although much more work is called for in testing and modifying the indicators. In addition, the Project's staff or the future project should continue to explore topics such as unmet need, cost and sustainability. Since the SDWG plans to meet again, the final report of the SDWG will be prepared after that meeting.

### **2.1.2.3 Commodities and Logistics Working Group (CLWG)**

The CLWG was one of three working groups that began in the Project's first year. It completed its work in 1994, having made considerable progress in achieving its goals. The initial objective of the CLWG was to develop a set of indicators regarding the provision of contraceptives and related supplies to service delivery points. The indicators were to focus on what are described as the nine major elements of contraceptive logistics: management information systems; forecasting; procurement; storage; distribution; staffing/training; policy issues; donor issues; and organization.

The CLWG initially developed 12 indicators that were distilled down to five key indicators that are described in the *Handbook*. This working group was the first to develop a composite indicator for its area and was among the first to begin testing of indicators. The composite indicator was tested by means of independent scoring by six logistics advisors in Nepal and multiple advisors for several other countries. This testing revealed significant inter-rater variability, leading to a decision to make revisions in the construction of the index.

This group's greatest strengths have been its utilization of indicator testing to further refine these evaluation tools and its ability to focus on the task at hand and proceed quickly. It has laid some of the groundwork for testing of other indicators. Any further activities, if the group should reconvene, might focus more on specific elements of the composite indicator and on sustainability issues.

#### **2.1.2.4 Operations Research Working Group (ORWG)**

The ORWG met two times in November 1992 and October 1993. The main purpose of this group was to develop indicators to measure the progress and impact of operations research projects. A total of 23 people participated in the ORWG working groups, but only eight of these attended both meetings. A total of 25 OR indicators were developed (not counting the eight TA indicators). One of the useful contributions of this group was the development of a set of eight indicators to assess the quality and effectiveness of technical assistance in the OR projects activities provided to developing countries. Although the results of this group were supposed to be reflected in the *Handbook*, very few of the indicators developed by this group actually appeared in the *Handbook*.

#### **2.1.2.5 Policy Working Group (PWG)**

The goal of the PWG was to develop consensus on a list of indicators to measure the effects of policy activities on family planning demand and service delivery. The PWG held six meetings between June 1993 and February 1994. Three of these were of the full group, one was of a subcommittee on the conceptual framework, and two were of a subcommittee on developing additional indicators. Thirty-nine individuals attended at least one meeting; 24 attended more than one meeting. A draft final report of the PWG was prepared by late 1994.

The PWG prepared a conceptual framework on the effects of population policy activities on family planning, a comprehensive list of 182 indicators that can be used to measure all aspects of the policy environment, and a short list of 42 indicators that measure some of the key components of the policy environment. (There are 16 policy indicators in the *Handbook*, 11 of which are on the short list. The conceptual framework developed by the PWG is unchanged from what appears in the *Handbook*.)

The conceptual framework is very comprehensive as is the list of indicators. Given the complex nature of the policy environment, it is not surprising that the list of indicators (even in the short

list) is long. The PWG acknowledges the remaining challenges of measuring and testing many of the indicators. The draft final report of the group states that the staff of The EVALUATION Project (presumably The Futures Group, many of whose staff are knowledgeable about the policy area) will develop concise definitions of a short list of indicators, perhaps develop a composite policy indicator, and test the indicators. The results of these efforts would then be presented to the PWG in late 1995 or early 1996.

The PWG performed well, involved the main actors in the policy arena, and also came up with a respectable intermediate set of indicators. The group's call for more effort to refine the list and test selected indicators is most appropriate.

#### **2.1.2.6 IEC Working Group (IECWG)**

The IECWG was designed in a different format because: 1) the *Handbook* had already been published, 2) a great deal of work had already been done in evaluating IEC, and 3) input was desired from non-family planning communication researchers. The IECWG met two times in 1994 after the *Handbook* had been published. The purpose of the first meeting was to discuss in seminar format the current state-of-the-art in the evaluation of IEC programs and the indicators that could be used to do so. The IECWG was formed to identify appropriate indicators and to suggest other modifications for an updated version of the *Handbook*. Although 29 people attended the first meeting, a smaller group was formed consisting of nine people who participated on the actual IEC working group and attended the second meeting.

The first meeting consisted of nine presentations on evaluation of multi-media campaigns, client-provider communications, and counselling, and other communications formats such as Social Marketing and communications to policy makers. The issue of attributing effects in IEC evaluations was discussed by a panel. The formation of an IECWG and the identification of 13 outstanding issues to be addressed by the IEC working group were other accomplishments of the first meeting.

The objectives of the second meeting were to determine how theory would be integrated into the identification of indicators, identify the audience to be addressed by the indicators, and identify and draft an outline of IEC indicators to be included in an updated version of the *Handbook*. The IEC Working Group has made progress in developing counselling indicators that were not included in the IEC section of the *Handbook* and has also recommended several other needed changes on the IEC indicators.

#### **2.1.2.7 Management Working Groups (MWG)**

The MWG met three times. Its organization was excellent. Given that the composition included individuals with a high level of experience, it is not surprising that the recommendations are both clear and cogent.

As noted in the most recent MWG minutes, decent management has been credited with much of the success of programs in many LDCs. Yet it is rare that any commentator has attempted to define concisely what is meant by decent management. It is rarer still that a set of management indicators has been defined. The report of the MWG will prove extremely useful: (a) to people setting up a new project who need a checklist for all the steps they must put into place; and (b) for established program managers wanting to monitor the effectiveness of their delivery. As with all sets of indicators, it is to an extent a menu. A series of illustrative examples that help practitioners choose the appropriate indicators would be extremely useful, particularly for people setting up a new program.

The MWG identified eight key elements from a list of 68 indicators. These cover all the important areas, and the MWG selected one key indicator for detailed description in the *Handbook*. The MWG argued that this key element is a "bottom line" indicator on which, if management is performing well, it will be performing well on all associated indicators. The Evaluation Team agrees that these key indicators are sensible although it will often be hard to establish fully whether an indicator is performing properly. An example of this is the indicator: "existence of a clear mission statement that contributes to the achievement of program goals." It goes without saying that a clear mission statement is only as good as its dissemination and its relevance to the program staff. The MWG makes these points implicitly and recognizes that there is a synergy between different elements. With the proviso that illustrative examples are added, the MWG has performed a very useful task.

#### **2.1.2.8 Reproductive Health Indicators Working Group (RHIWG)**

The EVALUATION Project took on the challenge of organizing this series of working subgroups in response to USAID's increasing interest in reproductive health. The Project staff is commended for the work that went into this extra endeavor given that reproductive health is a large, complex and not easily defined area. The Reproductive Health Indicators Working Subgroups were organized very efficiently. In general the composition of the subgroups was satisfactory with a large number of experts with considerable experience. However some key participants and institutions were overlooked (CDC with its large program in reproductive health or the Alan Guttmacher Institute with its considerable expertise in abortion research). The selective nature of the group membership was apparently necessary given time and funds.

The composition and meetings of each of the RHIWGs are summarized in a series of working documents. These are excellent draft documents that describe clearly the state of the art in indicators for reproductive health. Reproductive health is a field in which there have been few standardized measures developed in many of the topic areas, and the WGs have in many cases identified a set of extremely sensible indicators based on the participants professional experience. For the most part, these have yet to be tested in the field and such testing should be undertaken. In the meantime, it is recommended that The EVALUATION Project leave the working documents in their current form while such testing takes place. A comprehensive, final document can eventually be produced that would not become quickly out of date.

The team identified five main areas of reproductive health: safe pregnancy (including sub subgroup post-abortion care); adolescence; breastfeeding; maternal nutrition; and STD/AIDS. As mentioned above, the indicators listed are sensible, but many require testing. It will be essential to identify cost-effective procedures for collecting data of a reasonable quality. For example, reporting on the duration of breastfeeding typically yields high levels of heaping on intervals of six months. Furthermore, the intensity of breastfeeding is poorly reported, and the quality of milk is hard to measure. Accordingly, there is a trade off between high quality, but expensive to collect data on the one hand, and less expensive but less reliable data on the other. The groups undertaking the testing will need to think not only of innovative data collection strategies but of using sophisticated statistical techniques to manage lower quality data.

In summary, the RHIWGs represent a considerable amount of excellent work, and the Project is highly commended for its effort in this area. However, because of the diverse nature of the RHIWGs and the numerous indicators proposed that have yet to be tested, it is not advisable to produce a single document. It is recommended that the working documents remain working papers subject to testing and that subsequently they should be produced as a report that, if properly prepared, could set the standard for the evaluation of reproductive health.

#### **Conclusion:**

Overall, the working groups were exceptionally well-organized and well-run, bringing experts together from a larger number of organizations to develop consensus on monitoring and evaluation indicators. The groups produced useful results that include significant contributions to the *Handbook of Indicators for Family Planning Program Evaluation* and working papers on reproductive health indicators.

#### **Recommendations:**

1. Working groups should meet again to discuss field testing of the indicators and possible revisions for the next edition of the *Handbook*. Assessment of the feasibility, reliability and validity of the indicators and examples of field applications of the indicators should be produced by the working groups.
2. USAID Mission Population Health Officers and country counterparts should be included in the working group process to the extent possible. This could be accomplished through participation at working group meetings (if coordinated with Population Association of America (PAA) or American Public Health Association (APHA) conferences, home leave, State of the Art (SOTA) workshops, etc); through e-mail, overseas conference calls or written correspondence that could be discussed at the meetings; or as reviewers of working group outputs and documents to be published.
3. A special working group or committee should be convened (perhaps in a given host country with local membership, but with the Project's expertise as well) to develop guidelines or selection

criteria for choosing a limited number of appropriate indicators for country-specific evaluations of the inputs, processes, outputs, and/or outcomes of program functional areas or for evaluating overall program impact on fertility.

### **2.1.3 Impact and Methodological Studies**

The EVALUATION Project has supported or commissioned 26 studies that address a number of important areas within the conceptual framework (see Chart 1). The vast majority of these studies address issues to do with contraceptive delivery and uptake. Indeed, only one study addresses the pathway between family planning program and fertility. Although this is a fundamental question, there are very good reasons for this omission. In the past few years, many authors have attempted, often using inappropriate data, to answer this question without being able to provide a direct answer. The Project appears to have, in our opinion, correctly taken the attitude that before attempting to fight the fire it should build the fire engine by developing techniques and putting into process data collection that will allow this important research question to be pursued effectively.

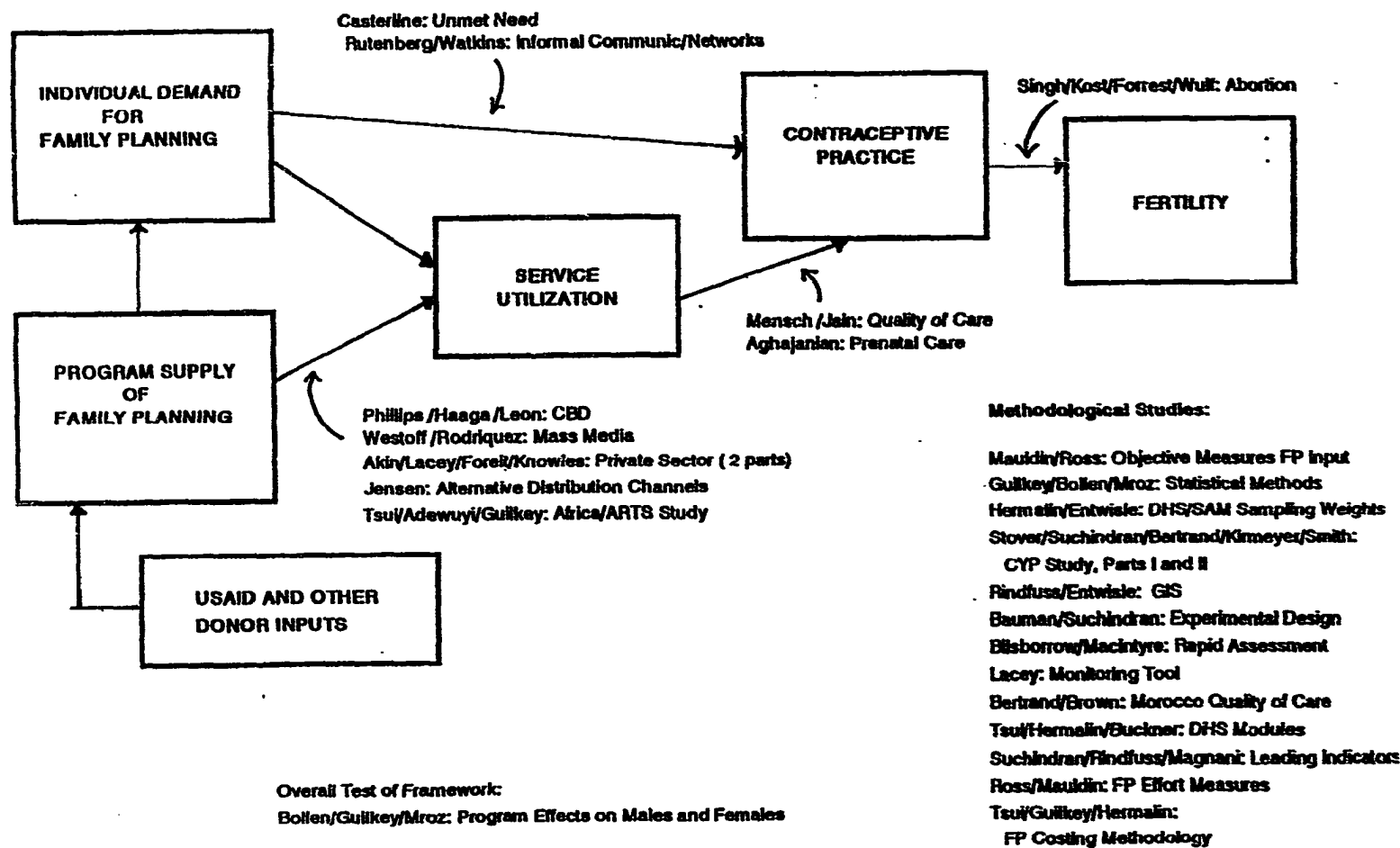
All funded studies were first subject to peer review by the Technical Advisory Group. This was a valuable and appropriate procedure. As a result, the Project has supported a first class group of investigators from a number of highly-regarded organizations, as well as scholars from smaller institutions. In addition, an advantage of having CPC as the prime contractor has been the ability of the Project staff to bring on board scholars from associated disciplines who have relevant skills but who have either not worked in population before or who have primarily been health experts rather than family planning researchers. A further plus for the research portfolio has been the application of methodologies from other areas to the family planning area. Two good examples are the research potential of GIS and the results of pilot work using computer-based rapid evaluations.

The Project has brief summaries of all the studies, and in a number of cases, final reports. Because many studies are still in progress, it would be inappropriate to comment fully on them. While the Evaluation Team was able to meet with many investigators, it was not possible for obvious reasons to meet with all. The Evaluation Team would like to acknowledge a few researchers who went to great effort to meet with us, as well as the other researchers whose enthusiasm for their work is impressive and generally matched by its high quality.

What follows is a series of brief descriptions and comments on a number of the studies. These studies represent those which have either been completed and for which we were able to review the final report or others where we were able to meet extensively with an investigator. A caveat is important: failure to comment in this report on a study implies no criticism of the work, and similarly, inclusion does not necessarily indicate a totally positive review. Comments are made on those studies for which the Team felt competent within the framework of a tight timetable.

**Chart 1**

**The EVALUATION Project**  
**MAPPING OF IMPACT / METHODOLOGY STUDIES TO CONCEPTUAL FRAMEWORK**  
 January 19, 1995



Mid-Term Evaluation of the EVALUATION Project

The first studies listed are those carried out by researchers on the staff of The EVALUATION Project's three implementing institutions. These are followed by some of the "external" studies being carried out by non-project organizations.

### **Internal**

#### **Adewuyi, Tsui, Gullkey, and Stewart, "Program Structure and Performance: Comparing Vertical and Integrated Approaches"**

Funded through a buy-in from USAID's Africa Bureau, the study examines the effects of vertical versus integrated service delivery on program performance using both existing data and case studies. This is an important topic given the strong interest in the broad array of reproductive health services as well as family planning. DHS data on clusters and facilities in Tanzania, Zimbabwe and Nigeria have been compiled and results from a comparative modelling effort are expected soon. Given the limitations of DHS data on facilities, additional data collection is planned. However, the Project has encountered difficulties in getting USAID Mission approvals, so the participating countries may be less than ideal for the study in terms of the history of program experience and size.<sup>2</sup> Current study sites are Benin, Cote d'Ivoire, Ghana, Guinea, Mali, and Nigeria.

#### **Akin, Lacey, Foreit, Knowles, and Flieger, "Measuring the Effectiveness of A.I.D. Private Sector Projects"**

This study addresses the link between the supply of family planning (both public and private providers) and use in the Philippines. Key methodological features included careful definition of markets; using a random sample of users and non users coupled with a sample of facilities; and measuring distance to facilities. Considering that there was about a year-long delay in getting research approval from the National Population Commission in the Philippines (not atypical for GOP approval), the work is proceeding well.

An initial paper, "The Role of Provider Characteristics in the Choice of the Family Planning Provider", was presented at the 1994 PAA. Many authors have described the various aspects of quality of care in family planning yet very few really address the question of which characteristics of provider are the most important to users. This study does that through developing an economic model to establish the social and economic factors that influence contraceptive use, net of individual characteristics. The data come from the Cebu study. The report is a model of clarity and explains clearly the assumptions that are being made at every stage. The statistical analysis is entirely appropriate featuring mixed multinomial regressions with a set of excellent simulations to provide clarity of exposition. The results provide an important policy conclusion, namely that small, local clinics with a good infrastructure will

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<sup>2</sup>The approval process would have benefitted from a more pro-active role of Project staff. It was suggested that Project staff traveling on other business (TFG for example) might have helped gain approvals in some key countries such as Zimbabwe or more timely approval in other countries. See also discussion in section 6.2.



create most demand. Furthermore, the study found that a number of indicators of service quality (distance, number of methods available, pre- and post-natal care, physician on staff) are important in choosing between public and private services. This is an excellent study that deserves to be replicated in different scenarios, for example, where contraceptive use is higher.

The indicators from the above study are now being applied to measure the performance of the Philippines private sector in providing family planning. This case study is being carried out jointly with the University of San Carlos and should help identify ways to improve private and voluntary sector performance. It is anticipated that the study will be completed in 1995, and results will be presented at an in-country presentation as well as published.

**Akin, "Using the DHS to Evaluate the Private Sector in Family Planning"**

A follow-on study in the Philippines will be carried out replicating the estimation of the effects of public and private service providers' characteristics, prices and availability on users' choice of methods. If successful, worldwide evaluation of the private sector's family planning activities will be facilitated.

**Bauman, "A True Experiment to Determine Family Planning Effects"**

Karl Bauman is an advocate for the true experimental design and the output from this study - a paper in International Family Planning Perspectives and a paper to be presented at PAA in 1995 are cogently argued standards for his cause. Bauman's influence has ensured that true experimental design is featured strongly in The EVALUATION Project's documentation. The Evaluation Team supports this. It is hoped that some properly designed and ethical field studies can be undertaken in the next few years.

**Bertrand and Brown, "The Morocco Quality of Care Study: Linking Quality to Outcome"**

This study refines and tests existing methods for assessing the quality of care in a non-random sample of Moroccan service delivery points in five provinces. Descriptive findings and the steps used in deriving summary quality scores are presented in a paper, "Quality of Care in Family Planning Service in Morocco." The paper will be published in Studies in Family Planning and has been translated into French for distribution in Morocco. The quality scores developed under the study will be used in further analysis linking quality at the program level with population-based outcomes, such as contraceptive prevalence. These findings are expected by April 1995.

**Bilsborrow and Macintyre, "Testing the Validity of a Rapid Assessment Method of Data Collection for Family Planning Program Evaluation"**

The study is testing a new, faster method of data collection, processing, and reporting of results for evaluating family planning programs. Given both the expense of the DHS and the continuing need for more timely program data, this study has important implications. The mini-survey of

1,200 Ecuadorian women is scheduled for March 1995 and draws from the same sample clusters (and some of the same women) as a 1994 demographic and health survey. The study will assess how much data accuracy is lost and whether the loss is offset by gains in time and money. CEPAR, the local Ecuadorian organization that carried out the survey, is also fielding this study with support from the USAID Mission. A final report is planned for 1995.

**Guilkey, Bollen and Mroz, "The Development of Methods to Evaluate the Impact of Family Planning Programs"**

This is a very important study for which two papers are available. The first paper is a major methodological piece of work which appeared in *Demography*. It analyses such as those developed here coupled with the data being generated by the study that will enable the Project to answer in a sound statistical manner questions about whether family planning programs do have an independent impact on fertility. This is a praiseworthy endeavor, and the Project is commended for funding pure methodological research. It is likely to have a decent payoff. The second paper, "A Comparison of Program Effects on Fertility Related Behavior in Tanzania", by Guilkey, Bollen, Mroz and Ngallaba, is still in progress, but initial results look extremely exciting.

**Rindfuss and Entwisle, "Incorporating Geographic Information Systems (GIS) into Evaluation Studies"**

Rindfuss and Entwisle take advantage of the new Geographic Information System (GIS) computer software ARC/INFO and POPMAP, and the Global Positioning System (GPS) technology to evaluate family planning program progress over time in one district of Thailand. The study takes information from different sources (longitudinal village, household and satellite image data) to analyze the effects of family planning service accessibility on contraceptive choice. Using data describing the location of villages, land cover features, location and dates of establishment of family planning services, a variable called "travel time by road type" is constructed that corresponds well with estimates of travel time provided by key village informants. The data allow estimates of travel time to several subdistrict health centers, not just the closest one. The study is not yet complete. The next step is to create travel time variables to and from the two or three closest sub-district health centers and then re-estimate the models using the new variables.

Although digitizing information into computer maps is time-consuming and the GIS software is relatively new and changing, exploring possible applications of the GIS approach to family planning evaluation deserves continued support. Some encouraging early results from The EVALUATION Project's GIS study in Thailand demonstrate the potential usefulness of including geographic as well as socio-cultural, economic, programmatic and community-level perspectives in the evaluations of family planning access, service quality and method choice, especially when combined with multi-level multivariate regression analysis of model coefficients and residual errors.

**Ross and Mauldin, "Thirty Effort Indices for Family Planning Programs: 1994 Cycle"**

This study, still in the data collection phase, consists of the measurement and analysis of family planning program effort sources for 110 countries. It is a replication of studies carried out in 1982 and 1989 and is based on reports from individuals who are highly knowledgeable about family planning efforts in each country. The objectives of the study are "to obtain a fuller understanding of how organized programs act as one determinant of fertility declines" and "to obtain guides for program improvements to enhance their effectiveness".

Even though this study was neither developed explicitly for The EVALUATION Project nor involved any innovative methodology or approaches, the Evaluation Team felt that this was a valuable study and agreed with the decision to fund it. Most importantly, the new set of data will permit time series analyses of family planning activities and policies in a broad array of countries. The study also helps to address one of the Project's key issues (i.e., the relationships between program activity and impact) making it a highly relevant piece of research.

**Stover and Suchindran, "Deriving Empirically-based Conversion Factors for Calculating Couple-Year-Protection"**

The EVALUATION Project was specifically asked by USAID to address the issue of Couple Years of Protection (CYP). A draft report, dated January 1995, was written by Stover, Bertrand, Smith, Rutenberg and Meyer-Ramirez and comprises a thorough review of each component of the three main approaches to calculating CYP. The three approaches to CYP are: 1) services provided that simply measures the number of contraceptives that are given out by a program; 2) protection provided that adjusts for use effectiveness and wastage; and 3) adjusted protection provided that also controls for age, consistency of use, overlapping use, and non-contraceptive use. The Project favors using adjusted protection as well as using data from one's own country, if available, and if not, from a "similar country". If no comparable data are available, a global default value can be used.

CYP is undoubtedly the most widely used indicator of program performance, not only in USAID-funded programs but internationally. In discussions with PAG members, it was clear that CYP will remain an important indicator for program managers in the foreseeable future. This is in part because it is based largely on data that are routinely collected for other purposes and can give a quick guide to trends in the output of contraceptives. CYP has been criticized because it measures output and not usage directly. This is a valid criticism. Even though the Evaluation Team is fully committed to the Project's focus on multi-level longitudinal data, it sees a clear role for a simple, easy to calculate, index. CYP provides this, and the Project is applauded for its efforts in producing a valuable review. Appendix F includes additional comments on the study for the investigators' review.

**Tsui, Guilkey, Stewart, Janowitz, et. al., "Estimating Expenditures for Family Planning Programs"**

Several researchers are conducting a study to disaggregate and estimate government, NGO, and private sector family planning expenditures in the Philippines. In addition, information on individual-level expenditures on family planning are being collected through the inclusion of family planning costs and expenditure questions on a quarterly national labor force survey in the Philippines. Other research efforts of The EVALUATION Project are underway to obtain better cost data on family planning services and individual expenditures on family planning from population-based surveys and surveys of family planning facilities in several African countries. An analysis is planned to examine the relative efficiency of vertical versus integrated family planning service delivery systems and to assess how organizational structure affects costs. Although these studies are still in the early stages, these efforts are very much needed. Measurement issues relating to family planning costs have been neglected in the past, and improved cost estimates are extremely important for evaluating the cost-effectiveness and sustainability of family planning program activities.

**External**

**Aghajanian, Fayetteville State University, "Prenatal Care and the Adoption of Family Planning in the Middle East"**

This pilot study analyzes data from two DHS surveys to see whether prenatal care is an indicator of subsequent contraceptive use in two North African countries. This is an interesting hypothesis which fully deserves research, although it is not clear whether DHS data will, in the long run, be a rich enough source to enable researchers to identify the pathways between these two health areas to be unravelled properly. The research has been carried out competently, and there is a clear well-written report.

**Mauldin and Ross, The Population Council, "Objective Measures of Family Planning Program Inputs"**

The purpose of this study was to compare objective measures of family planning program inputs for two countries to test the validity of the subjectively-derived indices that have been collected since 1982, in response to criticism that the subjective program effort scores may be biased. The study aimed to find out whether it was necessary to use objective indicators, rather than less expensive and easier-to-collect subjective information from "experts" regarding program inputs. This study was useful in that it attempted to validate the findings from the more subjective data. However, the study should have been carried out by researchers who were not directly involved in the original research approach of assessing family planning program effort. An independent evaluation of the subjective and objective measures would have given more credibility to the findings.

**Mensch and Jain, The Population Council, "Assessing the Impact of Quality of Family Planning Services on Contraceptive Use and Fertility in Peru."**

This study addresses the important link between the quality of services and contraceptive use and fertility. It analyzed the 1992 Situation Analysis and the 1991-92 DHS conducted in Peru to assess the quality of services delivered by clinics. Findings show that there is a significant, but small effect of quality of care. A paper on the methodological problems in measuring quality of care at the cluster level and linking it to individual contraceptive use was presented at the 1994 PAA. A research note has also been prepared showing that "knowledgeable informants" are not very accurate sources of information about the existence of service delivery points within a cluster. A follow-up DHS survey has also been carried out in which married women in two regions were re-interviewed. This study looks at the effect of quality and availability of services on women's ability to achieve reproductive intentions as stated in the 1991-92 DHS. A paper on this topic will be presented at the 1995 PAA. The study also hoped to look at whether women actually use facilities in their cluster, but there have been difficulties in carrying out this aspect of the research.

**Phillips, Haaga, and Leon, The Population Council, "Assessing the Impact of Community-Based Distribution of Contraceptives on the Prevalence of Contraceptive Use: A Field Study in Bangladesh"**

This study provides a novel juxtaposition of techniques used in epidemiological research into environmental exposure with data from Bangladesh to look at exposure to family planning. In particular the study examines the role of the CBD. The strategies used involve collecting panel data and thus using analyses to control for repeated observations as well as the design effect caused by correlated observations. This is not an easy problem and the authors deserve credit for the sophistication of their analysis and the user friendliness of their exposition. It is worth adding that they might consider interpreting the decomposed error variance from what is essentially a multi-level analysis. In all, this is an excellent study that addresses a worthwhile avenue of research.

**Westoff, Rodriquez, and Bankole, Princeton University, "Mass Media and Reproductive Behavior"**

This cross-sectional survey analysis carried out in four countries (Nigeria, Peru, Indonesia, and Tanzania) examines the link between mass media exposure and family planning practice and also fertility intentions. The study confirms the strong positive association between mass media exposure and family planning practice and fertility intentions. The Nigeria analysis included a panel follow-up survey of approximately 1221 DHS respondents in Southwest Nigeria. However, there was a relatively low rate of follow-up reinterviews (63 percent). Furthermore, there was a very high level of inconsistency of responses among women who were actually matched in the 1990 NDHS and the 1993 follow-up survey (only 34 percent of matched women gave highly consistent reports on key variables for the two surveys). These data problems severely limit the usefulness of the panel data for Nigeria and raise some questions about the

overall feasibility of conducting panel studies (of the same respondents over time) in developing-country settings. The study does not meet the need for quasi-experimental pre-intervention/post-intervention survey designs that would enable evaluations to go beyond the common finding of an association between mass media exposure and family planning KAP and into the realm of establishing evidence of causal links between specific mass media IEC campaign interventions and contraceptive knowledge, attitudes, and practice. A summary of selected findings for Peru and Nigeria was presented at the 1994 PAA meeting.

The Evaluation Team was asked specifically to advise USAID on the next steps for the collection and analysis of these data. Appendix E is a special note on the Service Availability Module in the DHS of Macro International and the Situation Analysis of The Population Council.

### **Conclusions:**

The EVALUATION Project has supported a first rate group of researchers who are in the process of creating an exciting and worthwhile portfolio of research. The Project staff deserves much credit for:

- a) encouraging work from some of the very best family planning researchers in the world;
- b) bringing into family planning research, scholars from associated disciplines who have highly relevant cognate skills; and
- c) encouraging research that is fundamental and that applies techniques from other disciplines that may have much potential for contributing to family planning research.

The work completed thus far is uniformly of a high standard and its timeliness reflects well on the organization of the Project management as well as on the time management of the researchers.

### **Recommendations:**

1. The major focus of the remainder of the Project must be to ensure that all the studies are completed and that the results are disseminated in an accessible and timely manner.
2. With regard to the contextual data contained in the SAMs and SAs, the Project and USAID should work with Macro International and The Population Council to ensure that both data collection efforts are complementary. USAID is strongly urged to commission in the near future, a cross-national study of the impact of service availability on contraceptive use using data from the SAMs. The analysis should be multi-level using a variance components approach.
3. There remain a number of very important areas in which work will be needed in the follow-on project. Among these will be work to identify fully the link between family planning programs

and fertility. For this reason among others, it is important that the follow-on project have a strong research focus.

## **2.2 Technical Assistance**

The technical assistance activities (along with training, discussed in Section 2.3 below) outlined in the contract were to improve the institutional capacity to carry out evaluation of family planning programs. It was envisioned that the Project's staff would make short-term field visits to assist staff of host-country institutions and USAID missions in developing evaluation plans and conducting evaluations. These technical assistance visits were to complement the field-based training workshops and were to be used for specialized assistance and trouble shooting. The contract estimated a total of 37 visits of three weeks as well as six person-months of effort for each technical assistance activity.

Early in the Project's second year, it was clear that the demand for technical assistance by USAID missions was considerably greater than what had been anticipated. (This was prior to USAID's adoption of the Priority Country Strategy.) This demand was generated in part because USAID was placing increasing emphasis on managing for results and being able to show impact (e.g., the PRISM system). Given this demand and also in response to the new Priority Country Strategy, the Project staff and CTO/TA determined that a geographic concentration in a relatively few countries was needed if the Project hoped to have a discernible and measurable impact. Furthermore, it was believed that "by locating as many of its inputs of technical assistance, training, reference support materials, study collaborations, and fellows in these countries," there would be a greater effect.<sup>3</sup> The Project staff prepared a Focal Country Strategy (March 1993) that clearly defined the approach, why it was needed, and what outputs and outcomes were expected. By the end of Year 2, five focal countries [Brazil, India, Nigeria (progress has been slow since USAID assistance was temporarily suspended), Morocco, and Tanzania] had been selected. A sixth focus country, Peru, was later added.

The high demand for technical assistance has continued. By the end of February 1995, 51 trips to nine countries had taken place representing nearly 140 percent of the number of trips anticipated in the contract. Given that another 19 months remain in the Project, the total number of trips over the Project's life could be double what was in the contract with important staffing and funding consequences.

The selection of countries for technical assistance appears to have been based primarily on targets of opportunity. In general this more reactive rather than proactive approach has served the Project well. It has helped direct the Project's technical assistance to countries that truly wanted it and probably where the greatest benefit could be provided.

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<sup>3</sup>Second Management Review of The Evaluation Project, Appendix D, pp. 33-34. March 1994.

The Project has provided three main types of technical assistance: 1) planning evaluation designs in four focal countries and Ghana (all that have requested them); 2) providing special evaluations for USAID Missions or host-country institutions in two focal countries and Honduras and Kenya; and 3) helping to implement a population sector evaluation plan in four focal countries. Based on field visits to Morocco and Tanzania, cables from USAID missions, and the 1994 Consumer Satisfaction Survey, the Project received very high marks in all countries for its technical assistance. The high quality of staff expertise, their responsiveness, and the excellent working relationship with host-country counterparts were frequently cited. The Consumer Survey also gave very good scores for the staff's ability to assess the evaluation needs, the timeliness of the assistance, and the usefulness of the methods, among other factors. In addition, the Project's assistance in designing evaluation plans was deemed very valuable by USAID staff in focal countries.

The Project's work in Morocco and Tanzania provides good models of technical assistance in evaluation. The dual strategy of working with the USAID mission in designing an evaluation plan and also of working with host-country institutions to develop (in Morocco) or strengthen (in Tanzania) local evaluation capacity is laudatory. The Project's assistance has clearly come at the right time for USAID missions given the Agency's mandate for developing monitoring and evaluation systems (e.g., PRISM.) Furthermore, other likely keys to success are the concentration of the Project's resources in a few countries and the multiplicity of inputs (technical assistance, training, study collaborations, fellows, visiting professional, and equipment) that reinforce the effort. (See Appendices C and D for trip reports from Morocco and Tanzania and brief descriptions of the technical assistance in other countries.)

### **2.2.1 Technical Assistance in Focal Countries**

#### **Brazil**

Brazil has been one of the focal countries. The work has consisted largely of technical assistance in the form of assisting the USAID Affairs Office to help counterparts develop evaluation strategies for projects in a number of areas. In Brazil, there is no bilateral, and so the assistance is funded by central resources. The Project's work has helped USAID and state governments in the North East of Brazil, namely Ceara and Bahia and selected NGOs, e.g., The Institute of Health and Social Development (IHSD).

The assistance provided by the Project was praised very highly. The key staffer for the Project was reported to have been extremely helpful and very flexible in bringing resources that have enabled an enormous amount of work to occur. In particular, the Project has been excellent in meeting with and communicating with other CAs. Another positive feature of the assistance has been the availability of a local representatives from the IHSD who have been able to ensure that the work would be carried out effectively on a continuous basis. This is particularly important given that the USAID Affairs Office is not large, has many diverse activities, and cannot provide much technical support to any given assistance project.



In terms of the future, USAID staff pointed out that Brazil could provide an excellent testing ground for trying out and refining indicators, especially in reproductive health since there seem to be potential opportunities for true experiments in a number of settings.

### **India**

The Project's technical assistance in India has progressed well and promises to be a major success from the viewpoints of both USAID/India and project staff. As with some other focal countries, India turned out to be a target of opportunity for the Project. What started out as a request to evaluate a CBD program and to develop indicators for implementing performance based disbursement (PBD) grew into larger scale activities in Uttar Pradesh State than had been envisioned. What has grown out of the Project's involvement in India has been dubbed "PERFORM" (Project Evaluation and Review for Organizational Resource Management). By the time it is concluded, PERFORM is expected to have provided PBD and PRISM indicators for USAID/India, monitored the implementation of the IFPS Project (a statewide, USAID-supported family planning program), and yielded periodic and final evaluations of the impact of the IFPS Project.

Activities are now well underway, with a large statewide survey scheduled to begin in June of this year. USAID officials in India are optimistic that the technical assistance provided by The EVALUATION Project will provide them with a large volume of valuable information for evaluating their activities. The Project staff helped them decide what types of information would be needed and how best to collect that information. USAID mission staff spoke very highly of the technical expertise, professionalism, and responsiveness of the Project consultants with whom they have worked. Likewise, The EVALUATION Project staff feels that the activity is progressing well and will provide valuable lessons for designing and carrying out evaluation activities in other settings.

### **Morocco**

The Project has provided an impressive range of assistance activities in Morocco and should serve as a model for other countries. (See Appendix C for the Evaluation Team's Trip Report for details.) The assistance began with the development of a succinct and very useful evaluation strategy for the USAID Family Planning and Maternal Child Health Program in Morocco. It evolved into a well-designed package of assistance to the Ministry of Public Health (MOPH) and the USAID mission that is being supported by a buy-in from the mission to the Project. The key activities are: establishing an evaluation unit at the MOPH, developing an evaluation plan for the MOPH, designing and conducting evaluation training workshops; developing a curriculum for the national public health training institution; supporting Moroccan fellows and other professional links, and carrying out a number of research studies in collaboration with local institutions (i.e. MOPH) and researchers.

Of those activities that are most advanced, the Evaluation Team finds that: 1) the Quality of Care Study has helped change the way of thinking about the nature of service delivery at the MOPH, and the approach to investigating quality of care is being replicated elsewhere in country, 2) in addition to providing valuable training and research experience to MOPH staff, the study results and issues of quality of care are being included as priority areas in the MOPH annual work plans and thus are guiding improvements in service delivery, and 3) the training has been very useful and is being institutionalized through the incorporation of an evaluation training module in the public health school curriculum.

The Project's work in Morocco has been characterized as the cadillac model of technical assistance. While it is premature to assess the overall outcome, it appears that the Project's work is a success in the making. The Project's work with the USAID mission staff has resulted in a very useful monitoring and evaluation system that can serve as a model for other USAID Missions.

### **Nigeria**

Several technical assistance trips have been made to Nigeria, and in August 1992 Project staff drafted an evaluation strategy for the Nigerian Family Health Services Follow-on Project II (see Working Paper #WP-TA-02). However, because of the political turmoil, the temporary suspension of USAID-supported activities in Nigeria, and the shift in USAID focus in Nigeria to reproductive health and women's empowerment issues, the Family Health Services (FHS) Project apparatus was dismantled. Consequently, The EVALUATION Project is developing a new evaluation strategy that is focusing on women's reproductive health and empowerment through an integrated health approach. Currently, USAID is working strictly with the private sector and NGOs in Nigeria. The Project is cooperating with other organizations working in Nigeria such as CEDPA, FHI, CCCD, and ICRW. During the past year, the government of Nigeria has made it difficult for all USAID CAs, including The EVALUATION Project staff, to obtain visas to come to Nigeria. Technical assistance and research activities are just now resuming after a period of over a year of very little activity. The Project is planning to train staff of NGOs and grass roots women's health organizations in collecting and using data for internal evaluations.

The EVALUATION Project was successful in including some basic family planning indicator questions in the quarterly National Integrated Survey of Households (NISH) in Nigeria in 1992 (all four quarterly surveys) and in 1993 (in two quarterly surveys). This has provided a relatively inexpensive way to monitor family planning program progress in Nigeria. The decision was made in 1993 to wait until the next DHS survey planned for 1995/1996 to ask family planning questions. The quality of the estimates produced by the NISH have yet to be adequately evaluated.

Two of the Project's fellows have come from Nigeria (a senior fellow, Alfred Adewuyi; and a junior fellow, Victoria Adeyemi) and both have proven to be assets. The senior fellow is working on: 1) an evaluation of integrated versus vertical family planning projects and programs, 2) the use of Situation Analyses to monitor and evaluate the quality of family planning services, and 3) a study of cost issues in family planning in Nigeria and several other African countries.

Nigeria was the first, and remains a, focal country for the Project's technical assistance. Many of the delays in the assistance provided to Nigeria have been due to factors beyond the Project's control. Until the government of Nigeria becomes more cooperative in approving visa requests for technical assistance, minimal Project staff time and financial resources should be allocated for these activities.

### **Peru**

The Project provided very valuable assistance in designing and helping to implement an evaluation of the "coordinated assistance" that 14 centrally-funded CAs have provided since 1993 to the GOP's family planning program. The Project's involvement grew out of the fact that a senior Project staff member was resident in Peru when the USAID Mission was interested in assessing the effect of the coordinated assistance. The EVALUATION Project's assistance spanned nearly two years because of the complexity of working with so many CAs and bringing them on board in terms of the design and implementation of an impact evaluation.

Specifically, the Project assisted in developing the methodology for the evaluation (baseline - conducted in 1993 - and follow-up surveys of facilities using intervention and control geographic areas), selection of indicators, and the design of a questionnaire on the CAs' assistance. Two specific problems were cited by the USAID mission: one concerned the lack of attention to measuring clients' perception of the quality of services and the lack of funding to conduct a baseline evaluation survey. It was the staff's judgment that measuring the clients' perspective on quality of care needed to be pursued by other avenues than the facility surveys given past experience of 1992 Situation Analysis in Peru as well as time and financial constraints on the data collection. The funding problem reflects the limitation of the Project in supporting in-country surveys. The evaluation strategy was developed after the Mission's funds were committed and thus the request to The EVALUATION Project to support the baseline study. Eventually another CA funded the survey.

There is some concern on the part of Project staff that the on-going evaluation of the "coordinated assistance" provided by the USAID CAs in Peru stay on track. This concern stems in part from the recent change in the lead CA overseeing the coordinated assistance. The follow-up survey of facilities needs to take place, and it is hoped that the control areas will not be contaminated by the new health project, Peru 2000.

The USAID Mission is eager to have The EVALUATION Project continue providing assistance. A highly-effective local evaluation advisor is continuing to assist with in-country activities and could presumably help in the future. The two areas of interest for the future are institutionalization of an evaluation capacity at the MOH and helping the USAID Mission design its monitoring and evaluation plan for a new family planning project in 1995. Furthermore, one of the Peruvian participants at the Guatemala workshop is eager to replicate the training in evaluation for the PVOs and the public sector in Peru. Such follow-up training might involve a workshop in Lima as well as a series of workshops for different regions in the country bringing together staff from public and private institutions that are responsible for evaluation. While it is probably not possible to fund such training under the current Project unless the USAID mission could support it, it should be considered as one component of a comprehensive strategy for institutionalizing evaluation capacity under the follow-on project.

### **Tanzania**

As with Morocco, the Project has provided a set of first-rate technical assistance activities in Tanzania. These are described in full in the Evaluation Team's trip report (Appendix D). The assistance needs were identified in an excellent evaluation strategy for the USAID mission's family planning program that was developed during an initial visit by the Project's staff. Key to the work in Tanzania has been the design and execution of a DHS type survey (TKAPS) with service data that was notable for returning to the same clusters as the TDHS in 1991. Initial results from this survey are very encouraging, and the data will permit a proper multilevel longitudinal analysis. This design is extremely useful for unravelling the direct impact of family planning on fertility and should serve as a model for other countries. Although this study and the related technical assistance have been the major inputs in Tanzania, other important Project activities include training of Tanzanians and the adaptation of POPMAP.

#### **2.2.2 Other Technical Assistance**

The Evaluation Project has been providing a small amount of technical assistance to countries other than the six focal countries discussed in Section 2.2.1. For example, a study is being planned to help USAID/Honduras examine alternative modes of nutrition/food security assistance distribution in that country.

Another country in which some technical assistance has been provided is Ghana. In theory, Ghana might have been a better choice as a focal country than Nigeria given the political difficulties attending the assistance in Nigeria. However, the USAID Mission in Ghana expressed no interest in becoming a focal country despite the offer of such assistance by The EVALUATION Project. Not until 1994, did the mission in Ghana request the Project's help.

A visit by The EVALUATION Project to Ghana in August 1994 resulted in the development of a detailed document laying out a conceptual framework and a strategy for evaluating the fertility impact and monitoring inputs and processes of the USAID/Ghana family planning program. This was a thorough and well-written document. It was followed by the USAID Mission's request for the Project to carry out a study using data from the Ghana DHS to explore the relationship between fertility and contraceptive prevalence. This request was turned down as being outside the Project's scope of work. The mission also requested assistance in establishing mechanisms to evaluate the impact of mission activities on NGO programs. Although somewhat delayed as the appropriate Project staff are identified, the assistance is planned for the near future. While Ghana is not a focal country, the Evaluation Team considers (in spite of its wariness of providing routine technical assistance on demand) Ghana an appropriate site for continued assistance and a potential focal country for the follow-on project.

There are a number of examples providing evidence of the Project's impact on improving the design and planning of evaluation in bilateral projects. In most of these examples, USAID staff used the Project's materials to benefit project design [bilateral projects in Cambodia, India (involving Project staff), Kenya, the Philippines, Turkey, and Yemen; and central projects (PRIME, SEATS, POLICY)]; and mid-term evaluations of central projects (ASIA OR, OPTIONS, and RAPID). The Project staff has also helped the POPTECH project by providing training for key consultants and briefings for POPTECH teams.

#### **Conclusions:**

The Project provided high quality technical assistance to the focal countries. Especially high praise is accorded the Project's work in Brazil, India, Morocco, and Tanzania, where the assistance is beginning to show effects in terms of the evaluation activities of USAID missions and host-country institutions. The Project's work in Morocco should serve as a model for other countries. The Project's work in Peru followed a different model by working with a large number of CAs, and the assistance is also seen as very valuable. The level of effort for technical assistance activities substantially exceeds what was anticipated.

#### **Recommendations:**

The Project should continue to concentrate on focal countries. It should begin to institutionalize its technical assistance work through multi-tiered, targeted training and dissemination efforts. This should include the application of a well-documented technical assistance strategy (perhaps using Morocco as a case study) that will serve as a model not only for USAID staff and host-country counterparts, but also for CAs, NGOs, and other donors.

The Project should consider developing a RAPID-type presentation on the approach and the results of its work on impact evaluation that can be shown to senior USAID staff in the Offices

of Legislative Affairs, Management, CDIE as well as Mission Directors. Given the problem of funding the development and use of such a presentation, it may only be feasible to pursue this suggestion in the follow-on project.

The Project should provide the methodology for conducting evaluations through its various reference documents and should provide assistance for developing and testing of new methodologies. It should continue to play a key role in designing evaluation strategies, but in general POPTECH and other evaluation organizations should conduct most routine evaluations of program activities. Technical assistance and country-specific evaluations should be carried out in the focal countries especially where such assistance serves to test and establish evaluation models, indicators, methodologies, and training programs. The number of focal countries should probably be increased to include a fairly broad range of such characteristics as program maturity, fertility levels, socioeconomic characteristics, and geographic regions.

### **2.3 Training**

The training activities (along with technical assistance described in Section 2.2 above) outlined in the contract were designed to improve the institutional capacity to carry out family planning program evaluations among host-country, USAID in Washington and overseas, and CA staff. It was envisioned that the training in evaluation methodology and its application would use the Project's reference materials and curricula. Training was to consist of 13 one-day U.S.-based and six, week-long, field-based workshops. U.S.-based training for USAID and CA staff was to include: results of the functional working groups on indicators; presentations of how DHS and other information can be used for monitoring progress; and use of the Project's evaluation methodologies. Field-based workshops for host-country evaluation staff were to strengthen the capacity to carry out systematic evaluation of population programs. Also curricula tailored to USAID field staff were to be part of training courses for HPN officers.

The Evaluation Team has spoken with participants from each type of training undertaken by the Project. It is unanimously agreed that the standard of teaching has been high, and all forms of training have been well received. The Project's performance in the training area will no doubt satisfy the contract's requirements for numbers of training deliverables, topics covered, and types of audiences reached. The training area was not, however, guided by a training strategy similar to the strategies prepared for the working groups and technical assistance in focal countries. A training plan or list of activities was apparently prepared in the Project's first year, but it was not updated as had been requested in the second management review. An agenda listing training priorities was prepared for the evaluation of the Project's work, but this is only the beginning of a strategy, and it was not vetted with the Project director or the CTO/TA.

### **2.3.1 U.S.-based workshops and presentations**

Two types of training have occurred: methods for impact evaluation of family planning programs and *EASEVAL* software. Four sessions on methods were held for USAID (2), World Bank, and staff and key consultants at POPTECH. In addition, a presentation at the 1994 meeting of Cooperating Agencies in Population on lessons learned in evaluation was also considered a training session. These five sessions varied in length from several hours to one day. The session at the World Bank was very well received according to an end-of-training assessment. The training at POPTECH was considered a good introduction, but more than a half day was needed to train POPTECH staff and key consultants. An additional one-day training session was held for USAID and CA staff working in the Central Asian Republics. However, this session has not been counted as a deliverable presumably because it was not held for one of the focus countries. This session was very well received and will likely be followed by a workshop to develop an evaluation plan for USAID assistance under a project in Ukraine and Russia.

Since the *EASEVAL* manual was published in February 1994, five training workshops have been held on *EASEVAL* software. These included sessions of two hours each at: the 1994 CAs meeting (3), USAID (1), for CAs [CPC, TFGI (staff of the OPTIONS, RAPID, and SOMARC projects)<sup>4</sup>, JSI (staff of SEATS and FPLM)] and a presentation at the 1994 PAA meeting (these four are counted as one training workshop).<sup>5</sup>

Most USAID mission Population and Health Officers with whom we consulted knew little or nothing about *EASEVAL*, but many would be interested in receiving training if offered. The Futures Group mailed out the *EASEVAL* software and manual to USAID missions without providing training or special cautions within the software itself or in an accompanying introductory letter about proper use of the software with DHS data. World Bank staff also expressed an interest in receiving *EASEVAL* training for its country project officers.

In addition to the more formal training, a number of informal sessions on *EASEVAL* have been carried by project staff of Futures Group, Tulane or CPC or by some of those trained by these cadres. These include training at Tulane of Moroccan visiting professionals; at the EWC workshop; of public health graduate students at Johns Hopkins University in May 1994; and to selected program staff in Ghana, Morocco, Turkey and Yemen.

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<sup>4</sup>The Evaluation Team does not think it is appropriate to count in-house training of the contractors' staff at CPC and TFGI as a training deliverable for the Project.

<sup>5</sup>The counting of *EASEVAL* training sessions changed in 1993 since the sessions lasted only part of a day. The new formula is four sessions in *EASEVAL* are equivalent to one training workshop.

Of the 13 workshops called for in the contract, 11 have actually been held, although ten are officially being counted. There are plans to hold two additional sessions on evaluation methods for CA evaluation officers and for USAID staff. Furthermore, there are plans to hold four more sessions on *EASEVAL* (counted as one workshop) for CAs. Assuming these are held as planned, the Project will meet the contract's requirements for U.S.-based training.

### **2.3.2 Field-based Workshops and Presentations**

The Project has sponsored four overseas workshops: two regional and two in Morocco.<sup>6</sup> A 1993 regional workshop was held in Guatemala on evaluation methods with 16 participants from five Latin American countries (Bolivia, Dominican Republic, Ecuador, Guatemala, and Peru). Most participants were evaluation staff from local PVOs (9), MOH (4) or other government sector (1), and USAID (2). The end-of-training evaluation was very favorable, and all but one participant appeared to have the appropriate background to benefit from the training. One outgrowth of the workshop was a plan for an equivalent training in Peru. Although this workshop did not take place for various reasons, there is still interest on the part of PRISMA staff in Peru to have not only a national workshop for public and private sector officials, but to follow this with workshops at the regional level for key staff involved in evaluation.

The second regional workshop was held in conjunction with the East-West Center's program on population (EWC) summer seminar. The 1994 workshop on "Advanced Methods for Family Planning Impact Evaluation" lasted four weeks. It was well-organized and very well-received. There were 25 participants from 16 countries, seven of whom were funded by the Project with several selected from focal countries to facilitate follow-up and continued use of the evaluation methods. Some participants felt that too much time was spent on experimental design and too little time on multivariate models. The workshop was conducted in English limiting the participation to English-speaking researchers. The language ability and statistical skills were found to be uneven among the workshop participants. The multivariate statistical training was too advanced for some of the workshop participants.

The curriculum has already been modified for the EWC evaluation workshop planned for 1995. The experimental design section has been reduced and more time will be spent on multivariate multi-level models for evaluation of program impact on fertility.

The training workshops in Morocco were well-designed and generally well-received, although most participants would have preferred a longer workshop. The training included practical applications to the Moroccan setting in developing research protocols and institutionalizing the

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<sup>6</sup>A third workshop was held in Morocco in September 1994 and funded under a buy-in (see Morocco trip report for more discussion.)



evaluation training curriculum at the MOPH. Training of trainers at the national school of public health (INAS) has been a successful part of the training strategy.

The Project staff also made a presentation on evaluation methods to IPPF's worldwide evaluation staff who were gathered in London for a consultation prior to IPPF's 1994 donors' meeting. The presentation was very well received, and apparently IPPF evaluation staff would be interested in further training by the Project.

Of the six field-based workshops called for in the contract, four have been conducted with one additional presentation that did not count as a training session. Two more workshops are proposed: another summer seminar at EWC and one workshop in a focal country. Assuming these workshops are held, the Project will have completed its obligations for field-based workshops.

The audiences reached through the training workshops are those called for in the contract. However without a training strategy, these workshops appear to have been targets of opportunity (with the exception of the Moroccan workshops that fit into the focal country strategy). There has been no apparent setting of priorities that determined why some groups were trained and others not. Furthermore, without a strategy, it is difficult to assess whether the training resources were spent effectively to achieve the Project's objectives in this area.

End-of-training evaluations were conducted for some, but not all, of the workshops (see Table 1). Since the Project was so consistent in conducting end-of-activity evaluations (e.g. the functional working groups), it is surprising that there wasn't similar consistency in this area. Based on the evaluations that were done, the training workshops generally received very favorable comments. The 1994 Consumer Satisfaction Survey did not cover the Project's training activities, although it will do so in the future.

**Table 1. Training Workshops of The EVALUATION Project**

Training Topic	Organization	Date	Length	Number of Participants	Extension Evaluation
U.S.-Based Evaluation Method	USAID	11/92	1 day	14	No
	USAID	2/93	1 day	13	No
	World Bank	5/93	1 day	16	Yes
	POPTECH	8/94	half-day	20	POPTECH
Lessons Learned in Evaluation	POP CAs Meeting	2/94	2 hours	30	No
	USAID and CAs on CAR	1/95	1 day	20	Yes
EASEVAL Training	CPC	11/93	1 day	10	No
	TFGI-SOMARC -OPTION -RAPID	11/93	2 hours	??	No
	JSI -SEATS -FPLM	5/94	2 hours	10	No
	PAA	5/94	2 hours	7	No
Uses of DHS for Evaluation	PAA meeting	5/94	1 hour	??	No
Field BASED Evaluation Method	LA Regional	9/93	1 week	16	Yes
	EWCPop	6/94	4 weeks	25	Yes
	MOPH Morocco Staff	4/94	1 week	12	Yes
	Morocco Regional MOPH staff	7/94	1 week	15	Yes

As evidenced by comments from workshop participants (e.g., EWC), the training needs, interests and statistical abilities of program officers and managers and program evaluation staff are different from university researchers. The Project did not develop different curricula for these two groups, and some consideration should be given to this issue in the follow-on project. It should be noted that training (as well as technical assistance) was not intended to be a major area of emphasis during the first five-year EVALUATION Project. Thus a relatively small effort was envisioned, and in fact only four percent of the expenditures for years 1-3 were for training. Not until the second five-year project is training supposed to become a major area of concentration.

## **Conclusions:**

It is understood that relatively less emphasis was to be placed on and in fact was given to training in the first five-year Project. The EVALUATION Project is on target in terms of the number of workshops held, the content of the training, and the audiences reached. The teaching at the workshops has been extremely well received, and all evidence is that it is excellent. However, the training was not guided by a coherent strategy designed to enhance institutional capacity of the primary target audiences (with the exception of the workshops in Morocco). As a result, the training in evaluation methods and *EASEVAL* has been rather opportunistic and lacking in a careful selection participants that would enable the Project to have a true impact internationally on the evaluation of family planning programs.

The mailing of *EASEVAL* software and the companion manual to all USAID missions without providing training or special cautions within the software itself to ensure proper use of the software was ill-advised, even though it is a requirement in the contract.

## **Recommendations:**

Given the limited time allotted to training for the remainder of the Project, it is likely that most of the following recommendations would fall to the follow-on project. Project staff should begin to design a training strategy during the remainder of the Project that will help guide the follow-on project.<sup>7</sup> Such a strategy would help ensure that the excellent results from The EVALUATION Project will be widely used in the field. This should begin with an assessment of training needs<sup>8</sup> across institutions [USAID (both Washington and overseas), CAs, other donors (especially UNFPA, World Bank, IPPF), population centers at U.S. universities that teach evaluation of family planning, regional population centers and/or DHS repositories in developing countries, and host-country institutions in focal countries. The assessment should identify the appropriate types of trainees who could become trainers within their own institutions or are well-placed to influence future project design and evaluation (e.g., country coordinators at USAID; staff and selected consultants at POPTECH). The training strategy should then set priorities for reaching these different audiences over time. The outcome of this effort may indicate changing the training activities planned for the remainder of the Project.

The needs assessment should also obtain information on the most suitable and cost-effective training fora, for example the SOTA course for HPN officers at USAID, the HPN week at the

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<sup>7</sup>In preparing such a strategy, project staff should review a brief paper on "Institutional Development in the Policy Project" prepared by Laural Cobb, August 1994.

<sup>8</sup>Such an assessment was not envisioned in the RFP or the contract. Project staff recognize its importance, and if time and money cannot be shifted to conduct such an assessment during the current project, then it should be a priority for the follow-on.

World Bank, IPPF consultations for worldwide evaluation staff. While no particular fora was mentioned during interviews with UNFPA staff, The EVALUATION project's work might be very appropriate for staff of the Technical Division (the various branches cover policy, education, communications, youth, women, population and development), the Geographic Divisions as well as the Country Support Teams which are located at regional offices. USAID should explore joint funding by other donors of the follow-on project. Such funding could be used at a minimum for training selected staff and adapting the Project's training materials to these other institutions (e.g., World Bank staff recommended using examples from Bank projects in any further training on evaluation methods).

While the conduct and content of the EWC training is well regarded, it would be useful to hold a number of regional workshops of this type. In the future, presumably in the follow-on procurement, Francophone and Spanish-language regional evaluation workshops should be developed similar to the EWC workshop, with organizations such as CERPOD and CELADE. In order to institutionalize the Project's approach and methods, a cadre of skilled personnel from these regional organizations need to be trained. Ideally, some or most of those selected would have immediate use for the evaluation techniques thus ensuring their application and perhaps be associated with the Project's technical assistance in focal countries. The training in Morocco is a model of how the integration of training and technical assistance promotes institutionalization.

Additional *EASEVAL* training would be facilitated by including university faculty and students from selected population/demography and public health programs in the training, and by training appropriate staff at the five DHS depositories around the world.

As part of the training strategy, the Project should identify key, high-level officials at USAID (e.g., in management, legislative affairs, and mission directors) who should know about the Project's approach to evaluation; the initial, most compelling results (i.e., Tanzania and Morocco); and the cost implications of doing good impact evaluation as opposed to indicator tracking. These sessions would not be training per se, but rather presentation of the Project's work, thus perhaps more appropriate for the Project's dissemination strategy.

## **2.4 Dissemination**

Dissemination is a key element of The EVALUATION Project's activities. Reference materials and research reports were to be distributed to a range of audiences to encourage use of the findings and improved evaluation methods. Dissemination plans were required for each product, and it was expected that the staff would publish five papers and make five presentations on the Project's findings.

The contract underestimated the need for dissemination. For the most part, Project staff has taken the necessary steps to ensure that dissemination did not suffer. There is a concise and

comprehensive dissemination plan that has been updated as needed. It covers the types of audiences and formats as well as tracking and evaluation of the materials. Beside publication of reference documents, the Project has made available through its Working Paper Series minutes from meetings of the functional working groups, papers from the impact and methodological studies, selected documents on the technical assistance and training activities. Some of the documents will be produced as photocopies given the lack of funds for publication (e.g., French and Spanish translations of the *Handbook* and *EASEVAL* manual). The Project has exceeded expectations for number of publications and presentations. After three years, four papers have been published (with many more anticipated), and 23 presentations had been given.

Project staff consulted the Population Reference Bureau's staff in preparing its dissemination strategy and has called on PRB's services for the translation of publications and for the production of 20 two-page "Notes" on the research findings. By working with PRB, the Project has in effect increased the funding for dissemination.

Despite the range of Project activities and materials, many of those interviewed, including USAID staff, were not aware of the Project's many activities and products. Virtually all knew of the *Handbook* and the functional working groups. However even among the PAG members, there was a lack of appreciation for the breadth of work and the products. There is also concern that the Project's outlets for papers and presentations are too academic. While the importance of publishing in academic journals was recognized to promote high standards, some felt that more effort is needed to reach USAID staff at the highest levels as well as program staff and also other donors with the Project's results.

The lack of awareness about the Project's output may in part be a function of the timing of the evaluation. The Project spent the first three years developing materials and assistance activities. Now that an increasing number of the Project's products are out (two reference documents were published in 1994, many working papers are available, more research papers are being completed, and the technical assistance and training activities are resulting in interesting models for replication elsewhere), the Project's staff needs to ensure that key audiences know about and can acquire the materials.

The Evaluation Team explored with some project staff the idea of having a project newsletter. Given the time and expense involved, it may be preferable to produce brief updates or notes on the Project's work and publications for other newsletters such as PRB's *Population Today*, IPPF's *Open File*, *International Family Planning Perspectives*, and FHI's *Network*. Several individuals suggested placing notices about various publications or the publications themselves (e.g., the *EASEVAL* manual) on electronic services such as Internet or the UN Population Information service.

Both Project staff and the Evaluation Team agree on the importance of having a major conference or a series of regional meetings to disseminate the Project's results. There is not sufficient funding to support such end-of-project dissemination unless another donor or organization could provide funds. If a major conference or series of regional meetings cannot be held under the current project, the follow-on project should include resources to do so.

**Conclusion:**

Although the Project's work in dissemination has been guided by a well-thought out plan, the need for and cost of dissemination was underestimated in both the USAID Project Paper and the contract. So far, this has not been a major shortcoming given the focus on research and methodology development in the Project's first three years.

**Recommendations:**

There should be increased emphasis on dissemination activities in the future. Project staff should explore various channels for getting out more information about the Project's activities and publications. Special efforts should be made by Project staff and the USAID CTO/TA to inform key USAID and other donor staff about the Project's results especially in terms of models for future project design and evaluation. E-mail should be used periodically to highlight special publications or successes for USAID (in Washington and overseas), other donor and CA staff. Some of the future dissemination effort would be closely related to the training strategy (see Section 2.3). If additional funding can be obtained, it would be desirable to hold a major conference to disseminate study results, case studies, methodologies, and other products developed at the conclusion of the current project. Furthermore, dissemination should be an integral part of the Project's work in all focal countries.

### **3. Internal Evaluation**

The contract spells out the importance of The EVALUATION Project's setting an example for internal evaluation given its overall purpose. Each major project activity was to have defined objectives and expected outcomes. Results of internal evaluation were to guide the development of future project work.

Beginning in its first year, the Project carried out a number of evaluation activities (e.g. meetings of the working groups were assessed). By the end of year two, Project staff had set up a monitoring system for its deliverables, and subsequently developed a set of indicators for evaluating the process and impact of the Project elements. In Year 3, the position of an Evaluation Officer for the Project was created, and by January 1995 (after consistent urging by the USAID CTO/TA) a formal Internal Evaluation Strategy was completed. The strategy is detailed, comprehensive and includes process and output indicators for all major project activities. Most of the indicators are quantitative (numbers of activities), although some are more qualitative. The Evaluation Team was truly impressed with this document and is curious to see how useful it is to the Project.

Project staff developed a number of evaluation forms and used these with reasonable consistency to assess not only working groups, but training activities and the *Handbook*. Also a consumer satisfaction survey, (conducted by an independent consultant) was carried out in Year 3 to measure client satisfaction, perceived quality of activities, and the extent to which recipients used the Project's output. The report of this survey was issued in January 1995. For the most part, the several evaluations have given very positive assessments of the Project's work and have provided useful suggestions for future activities.

#### **Conclusion:**

Project staff prepared an impressive internal evaluation strategy, albeit somewhat later than expected. Staff have with reasonable consistency carried out end-of-activity evaluations especially for working groups and training, and the Project paid for an independent consumer satisfaction survey. The results of these evaluations have been very positive.

#### **Recommendation:**

Project staff should assess how useful the internal evaluation strategy was in guiding the Project's work toward the end of the contract. If it proves to be worth the effort, then it should be presented to USAID and other CAs as a model for other projects.

#### **4. Fellows Program**

As called for in the contract, The EVALUATION Project has established both a senior and a junior fellows program. Special preference was expected to be (and has been) given to recruitment of individuals from developing countries.

##### **4.1 Senior Fellows**

The senior fellows program was intended to bring senior research scholars in the fields of family planning and population studies to the U.S. to work with Project staff in the design and development of evaluation tools for family planning and to work with project staff on collaborative research.

Originally there were to be four senior fellows over the course of the Project. However, the Project requested that this number be reduced to accommodate a greater-than-expected volume of requests for technical assistance. Dr. K. Srinivasan from India was the first fellow, spending a year with the Project at CPC, working on several project activities, including authoring his book and a required reference document, the "Typology of Family Planning Programs". Since returning to India, Dr. Srinivasan has not been as extensively involved in EVALUATION Project activities there as might have been hoped. However, with Project support and encouragement, he is serving as a UNFPA consultant to develop a system to monitor family planning inputs. He had been a principal investigator in a proposed Project study in India, but the USAID mission did not approve the study.

Dr. Alfred Adewuyi of Nigeria is currently spending a second productive year as a senior fellow at CPC. He has been engaged in numerous research, training, and other activities with the Project. His involvement has been beneficial for the both the Project and for him. The Evaluation Team also feels it is likely that it will also have been beneficial for programs in Nigeria and possibly elsewhere in Africa after his return home. A third senior fellow for the final year of the Project has not yet been selected, but Project staff are considering recruiting a Latin American scholar because the first two were Asian and African. The Project should not consider only Latin Americans, however, if other highly qualified individuals from other regions are available.

#### **Conclusion:**

The senior fellows program is useful and should be continued.



**Recommendation:**

One of the primary criteria that the Project staff should use in their selection of fellows is the likelihood that selected individuals will continue to take an active role in family planning evaluation after their fellowship ends. Staff should also try to involve fellows in Project activities after they return home, given the familiarity with the Project goals and activities.

**4.2 Junior Fellows**

The object of this program is to provide junior professionals the opportunity to work with Project staff to gain a practical understanding of family planning program evaluation, while contributing to the achievement of Project goals. The contract called for at least two of the four junior fellows to be from developing countries. To the Project's credit, all of the fellows selected so far have been from developing countries.

The first two junior fellows (Ms. Victoria Adeyemi, from Nigeria, and Dr. Florence Oryem-Ebanyat, from Uganda) each spent one year at CPC, returning home in September 1994. Both received training in classroom settings and from CPC staff and carried out evaluation research activities. Both fellows have remained involved with family planning evaluation activities following their stays at CPC. Ms. Adeyemi is continuing to work on family planning monitoring activities in Nigeria. Dr. Oryem-Ebenyat has become a member of the Project's Policy Advisory Group and is on a functional working group. Later this year two Moroccan professionals will be the third and fourth junior fellows. They will be in residence together for six months each at Tulane. (They previously spent one month each as visiting professionals at Tulane.) They felt the time spent at Tulane was very worthwhile, but feel they also need more training because the first stay was so short. Some CPC staff felt that having fellows stay for a whole year required them to devote too much of the staff's time to working with fellows. Furthermore, it is often difficult for junior professionals to leave their regular jobs for long periods of time.

**Conclusion:**

The junior fellows program is a valuable means of transferring skills and of getting people from developing countries involved in evaluation.

**Recommendation:**

In the follow-on project, a number of fellows should participate at a given time (small groups of 2-4 people) from the same country or region and stay for shorter periods of time, approximately 3-4 months. If fellowships were set up to coincide with university semesters, fellows could take advantage of courses offered in addition to receiving training and research experience from Project staff.

## **5. Organization, Management and Finances**

### **5.1 Organizational Structure, Responsibilities and Staffing**

The EVALUATION Project is carried out by a prime contractor, the Carolina Population Center of the University of North Carolina, and two subcontractors, The Futures Group International and Tulane University. The combination of these three organizations - two universities and a private consulting firm - brought the Project a strong academic orientation coupled with considerable field experience. The technical competence of the senior project staff is uniformly high, as is the competence of most other individuals who have been involved in the various activities comprising the Project.

The initial division of responsibilities gave CPC the primary role for the conceptual framework and the research; Tulane University a primary role for the working groups and the indicators' *Handbook*; and TFGI a primary role for technical assistance, training, and development of the *EASEVAL* software.

After three years, the division of labor (based on level of effort) generally resembles what was initially planned with some exceptions. The work on the reference documents was carried out primarily by CPC and Tulane (see Table 2). CPC has managed or carried out the bulk of the impact and methodological studies. Tulane took the lead on the working groups with substantial input from TFGI. Tulane is also the principal implementing institution for the technical assistance with CPC and TFGI providing less, but important effort. It was initially assumed that TFGI would have the leading role in providing technical assistance. However, the division of responsibilities has worked to the Project's advantage by getting each organization involved. On the training activities, TFGI is the primary actor (*EASEVAL* training, the Guatemala workshop, and some of the evaluation methods training). CPC has played an important role in training (EWC workshop and evaluation methods training). Although the predominant role of TFGI in training is as expected, the extent of CPC's involvement was not anticipated and may reflect the prime's concern that a well-thought out training strategy was not developed. As the prime contractor, CPC also had the lead role in administration, dissemination, the fellows program, internal evaluation, and the advisory boards.

**Table 2. Division of Labor by Project Activity**

PROJECT ACTIVITY	CPC	TFGI	TULANE
Administration	72%	15%	13%
Reference Documents	45%	15%	40%
<i>Handbook</i>	-	*	**
Guide to Methods	**	-	-
Strategies	-	*	**
Conceptual Framework	**	-	-
Typology	Fellow	-	-
<i>EASEVAL</i>	-	**	-
Studies	75	19	6
Working Groups	15	29	56
Technical Assistance	20	18	62 <sup>9</sup>
Training	22	68	10
Dissemination	100	-	-
Fellows	100	-	-
Internal Evaluation	100	-	-
Advisory Boards	91	6	3

Source: The EVALUATION Project provided this breakdown of level of effort by activity. These are preliminary figures as of March 24, 1995.

- \* indicates the lead organization for an activity.
- \*\* indicates substantial involvement in an activity

<sup>9</sup>The predominance of Tulane participation in technical assistance activity is an artifact of their staff allocation recordkeeping system. In fact, all three organizations are actively involved in technical assistance.

Each organization had assigned senior staff to devote anywhere from full-time or nearly full-time (10 - 12 months per year) to part-time (3 - 7 months). This was an impressive commitment of effort by highly skilled and experienced staff. After 3 years, the cumulative level of effort (LOE) for the Project is 120 percent of what had been planned (see Table 3). If the time of student assistants at CPC and Tulane is deducted, the level of effort is 99 percent of the planned level. The Project has requested an increase in the LOE from 990 to 1200 for the life of project to allow for the increased time, especially of graduate students who come at relatively low cost and good quality (an adjustment is not needed in the budget line item for salaries because of the relatively lower cost of graduate student's time).

**Table 3. Planned and Actual Level of Effort for Senior Project Staff, Years 1 - 3**

	PLANNED	ACTUAL	% OF PLANNED
<b>CPC</b>			
Tsui	36	32	89%
Akin	9	8	89%
Baumian	7	8	114%
Guilkey <sup>1</sup>	9	10	111%
Lacey	17	11	65% <sup>1</sup>
Suchindran	9	8	89%
Veney	30	11	37% <sup>1</sup>
Hermalin	9	5	56% <sup>1</sup>
Students		69	
Other	204	265	130%
<b>Total CPC</b>	<b>330</b>	<b>427</b>	<b>129%</b>
<b>TFGI</b>			
Stover	15	6	40%
Foreit	8	6	75%
Kirmeyer	33	10	30%
Knowles <sup>1</sup>	15	20	133%
Ross <sup>4</sup>		2	
Ruttenberg <sup>4</sup>		13	
Other	54	62	115%
<b>Total TFGI</b>	<b>125</b>	<b>119</b>	<b>95%</b>
<b>Tulane</b>			
Bertrand	31	30.34	98%
Magnani	22	18	82%
Brown	12	22	183%
Students		52.48	
Other	70	37.45	54%
<b>Total Tulane</b>	<b>135</b>	<b>160.27</b>	<b>119%</b>
<b>Total All</b>	<b>590</b>	<b>706.27</b>	<b>120%</b>
<b>TOTAL w/o students</b>	<b>590</b>	<b>584.79</b>	<b>99%</b>

**Notes to Table 3:**

1. Veney was Deputy Director until December 1992. Knowles was Deputy from January 1993 to 1994. Guilkey became the Deputy Project Director in 1994.
2. Lacey had planned to spend more time on work in Nigeria.
3. Hermalin is spending the entire 1993 Spring semester at CPC working on this project.
4. Staff hired after the contract began.

The distribution of LOE by organization's staff is somewhat different than planned. CPC is about 129 percent of planned levels (or 108 percent without graduate students), TFGI is at 95 percent, and Tulane is at 119 percent (or 80 percent without graduate students). Looking at the contribution of individual senior staff, the major discrepancies between what was planned and time spent on the Project are for Lacey, Veney, Hermalin, Stover, Kirmeyer, and Knowles. As the footnotes indicate most of these are explainable. The lesser LOE for Stover, the key personnel for TFGI, is of concern. It appears that Rutenberg's time has in part compensated for Kirmeyer.

## **5.2 Project Management**

The Evaluation Team concludes that the Project is very well-managed and gives great credit to the excellent management skills of the Project Director. Staff changes in the Deputy Director's position at CPC no doubt increased the burden on the Project's Director, but with no evident harm to the Project's management or productivity. It is expected that the current Deputy Director will remain for the rest of the five-year project and strengthen CPC's management group.

Routine reporting on the Project's progress and finances has been fine. It was noted that USAID has an insatiable (and the Evaluation Team adds probably unreasonable) desire for financial and other project information. (Of course, this is true for all USAID projects and not just The EVALUATION Project.) Partly as a result, but also given the effort required for subcontract management, the prime contractor could use a full-time contracts officer rather than half-time. This position had been bid initially as full-time, but was reduced to half time during the contract negotiations.

The Project has produced impressive strategies for most key project elements that helped not only to give an identity and cohesiveness to each area, but also helped to guide and manage the work. As mentioned, a strategy has not yet been produced for training and was only recently completed for internal evaluation. Although the latter was not a contract requirement, the CTO/TA requested a plan to ensure that internal evaluation was being conducted systematically. The focal country strategy appears to have played a key role in ensuring that the Project's time and effort were not dissipated by field requests for technical assistance.

Some delays in producing reference documents are rightfully excused given the high quality and comprehensive nature of these products. Furthermore, neither the scope nor complexity of these materials was appreciated in the RFP or the contract.

The Project's staff has experienced some frustration in one aspect of managing the research element. There are several examples of difficulty in getting approval from USAID missions to carry out studies. The Project staff did not anticipate this issue, and they should have been more proactive or used the resources of TFGI (with its extensive field work) or other CAs working closely with particular missions to establish the needed entry. One case in which a TAG member intervened to get Mission approval clearly did not endear the Project to that Mission's staff.

The Project's staff has also experienced difficulty in obtaining timely approval from the USAID Contracts Office. These delays affected the initiation of subcontracts for external studies, technical assistance in Morocco funded through a buy-in (an eight-month delay), and the overall management of the contract in terms of the contract's level of effort (six months delay so far). In contrast, the USAID Contracts Office has not perceived of the EVALUATION Project as a problem. Both the Project staff and the CTO/TA need to find ways to put more pressure on the Contracts Office for faster review and approvals.

### **5.3 Prime and Subcontractor Relations**

The relations among the three organizations appeared to be good during the Project's first two years. They continue to be very good between CPC and Tulane and also between TFGI and Tulane (through collaboration on the working groups, work in Brazil and earlier in Tanzania, and reference documents).

Some strains have developed between the CPC and TFGI over the performance in the training area (specifically the lack of a training strategy) and over different approaches to field activities. CPC, as the prime contractor, has managed the technical assistance area tightly to concentrate staff resources. TFGI's approach to technical assistance, long considered a strength, is to be highly responsive to field interests. As a result, there are a few instances in which the Project's assistance has been offered by TFGI staff without first informing the prime and obtaining a green light. Furthermore, CPC and TFGI have different philosophies regarding staff assignments for technical assistance. Whereas, CPC considers it is best to have a relatively small cadre of Project staff consistently working on particular activities, TFGI considers that one of its strengths is the "interchangeability" of its staff members given their extensive field experience. This difference has occasionally created problems in providing the follow-up assistance on specific assignments. All parties are aware of these issues and understand the need for improved communication. Furthermore, given that CPC is ultimately responsible, staff at TFGI should try to accommodate the prime's approach to the extent possible. Finally, there is concern that having the key personnel for TFGI located in Connecticut has become a hindrance to good communication and

subcontract management. It should be noted that the lack of a central location for the Project has not posed a problem.

#### 5.4 Financial Status

The total cost of the contract for The EVALUATION Project is \$14,175,385. Through FY 1994, \$10,476,000 had been obligated to the C-contract by the Office of Population and the Africa Bureau and \$700,000 has been obligated to the Q-contract from USAID mission in Morocco and the Africa Bureau. The Office of Population expects to fund the contract fully during FY 95.

Table 4 compares the Project's budget for years 1-3 with expenditures. When commitments on external studies (through 12/31/94) are added to the Project's total expenditures, the overall total for expenditures is \$8,080,040 or within \$100,000 of what was budgeted.<sup>10</sup> The distribution of line items is roughly as expected with the caveat for external studies.

**Table 4. Comparison of Project's Budget and Expenditures for Years 1-3**

LINE ITEM	BUDGET YRS. 1-3	%	EXPENDITURES YRS 1-3	%
Salaries	\$2,638,325	32.2	\$2,488,950	33.6
Fringe (UNC,TU)	386,549	4.7	296,604	4.0
Overhead (TFGI)	880,547	10.8	735,114	9.9
Consultants	76,176	0.9	122,272	1.7
Travel & Per Diem	701,998	8.6	708,247	9.6
Equipment	177,554	2.2	121,543	1.7
ODC	408,446	5.0	521,253	7.0
External Studies <sup>11</sup>	1,080,000	13.2	649,871	8.8
Total Direct	6,349,595	77.6	5,643,854	76.3
Indirect Costs & Fees	1,832,838	22.4	1,755,814	23.7
<b>TOTAL</b>	<b>\$8,182,433</b>	<b>100.0</b>	<b>\$7,399,668</b>	<b>100.0</b>

<sup>10</sup>The five-year budget shows \$1.5 million for external studies compared to \$1.3 for commitments or about 90 percent of what was planned.

<sup>11</sup> By 12/31/94, \$1,330,243 had been committed to external studies (including UNC overhead on each subcontract) and \$783,801 had been expended.



The distribution of costs by project activity shows that administrative costs are a reasonable 20 percent (Table 5). The largest single activity is studies representing nearly 35 percent of expenditures (about 70 percent of this amount for internal and 30 percent for external studies). Technical assistance and reference documents are about equal at 11-12 percent of costs. While there is no benchmark in the contract on project funds by activity, the Evaluation Team considers the relative distribution to be appropriate given the Project's objectives.

**Table 5. Expenditures by Project Activity and Organization  
Years 1 - 3**

ACTIVITY	UNC	TFG	TULANE	TOTAL	%
Admin	821,613	534,916	163,825	1,520,354	20.6
Ref. Docs	282,552	242,179	301,507	826,238	11.2
Wkg. Grp.	74,352	172,118	239,453	485,923	6.6
Studies	2,071,920	380,071	61,614	2,513,605	34.1
Training	87,040	192,554	12,073	291,667	4.0
TA	331,138	274,249	317,914	923,301	12.5
Dissem.	157,179	1,623	2,835	161,637	2.2
Fellows	438,865	3,709	-	442,574	6.0
Adv. Gp.	180,386	18,988	8,002	207,378	2.8
<b>TOTAL</b>				<b>7,372,677</b>	<b>100</b>

There are no outstanding issues for the Project's finances except that project commitments for studies must be understood as monies already spoken for even if the expenditures on these studies are slow to be reported. The Project appears to have managed its expenditures well and there are no problems with financial reporting.

## **5.5 Technical and Policy Advisory Boards**

### **5.5.1 Technical Advisory Group**

A Technical Advisory Group (TAG) was assembled as part of The EVALUATION Project to provide guidance on the Project's research agenda and its implementation and on methodological issues. The primary function of the TAG was seen as providing a peer review mechanism for research to be carried out as part of the Project. The TAG, originally expected to have eight

regular members, currently has 11 regular members, as well as five ex-officio members. It met twice per year during the Project's second and third years, when research proposals were being reviewed, and will meet only once per year in the final two years of the Project, when the focus of the TAG's activities shifts to reviewing study results.

The members of the TAG who were interviewed felt that the composition of the TAG has been appropriate. The overall level of expertise on the TAG is outstanding, with a good mix of areas of expertise and interest. In addition, we feel that it has been valuable to have strong representation on the TAG of professionals from developing countries (three members). TAG members who were interviewed also felt that meetings have been well run, have been able to arrive at general consensus on most issues, and have been able to accomplish their objectives well.

Probably the most important contribution of the TAG is that it has ensured that all issues related to the value of proposed studies have an opportunity to be aired. The process used by the TAG to make recommendations on study proposals, which consists of having two lead reviewers summarize their views, followed by a full group discussion of each study, and in some cases for internal studies, the presence of the proposed lead researcher to defend the proposal, has worked well. The process has allowed for an open and high-level discussion of the strengths and weaknesses of proposals as well as the potential contributions to the field of family planning evaluation. The result has been that the TAG has generally recommended the funding of high quality, appropriate studies. (See Section 2.1.3 for a more detailed discussion of research studies). The EVALUATION Project has also found the TAG's recommendations valuable because they lend additional credibility to the selection of studies, reducing the risk that such studies may be viewed as having been arbitrarily chosen by the Project.

Given the value of the contributions made by the TAG so far, The Evaluation Team feels that it is important that the TAG be continued as an integral part of any follow-on procurement for the Project. It is also recommended that the TAG continue as an advisory group, rather than a steering group, giving the Project staff some necessary latitude in making final decisions on funding proposals. Although it was originally intended that the membership of the TAG would rotate, most members have remained on the TAG from its inception. Since most of this group apparently is willing to continue serving on the TAG and have carried out their tasks well, there is no clear reason to change the group's membership substantially. Finally, the Project might consider broadening the role of the TAG, so that they also are consulted regarding methodological issues, something that was originally intended for the TAG as well as something that TAG members feel they could capably do. Up to this point, most TAG members felt that their input has been primarily in the area of reviewing studies.

### **5.5.2 Policy Advisory Group**

The Policy Advisory Group (PAG) was set up to provide donors and users of the Project's work with a voice on the practical, field view of evaluation. The PAG meets annually and has expanded in the last two years to include greater representations of NGOs and developing countries. The initiative for this expansion came from the PAG itself.

In discussion with PAG members, they highlighted the need for the Project's outputs to be very user friendly. Often, people in the field need simple methods to measure their recent progress and they need indicators to do this. An example mentioned was Couple Years of Protection which is widely used as a monitoring tool in many NGO clinics. A second request from PAG members was the need for the Project to focus on the fundamental question of the impact of family planning on fertility.

The PAG was seen by its members to be an effective body and that it was improving. The PAG had been listened to and its views taken on board. For example, the need for a short list of indicators was suggested by one of the PAG members.

A number of our informants mentioned that it might be sensible for the TAG and PAG to be combined. In fact, there is a joint meeting planned for March 1995. The Evaluation Team agrees with other informants who think that this is not desirable because, of necessity, the discussions at the TAG meetings are likely to be rather technical. Indeed, the success or failure of these discussions can influence the academic reputation of the Project. Such discussion are unlikely to be relevant to members of the PAG who, in contrast, will wish to influence the practical relevance of the results. This is not to say that the goals expected from the Project by PAG and TAG are mutually exclusive. It is merely to argue that it will probably be more effective for the two groups to meet separately on a regular basis.

### **5.6 Contracting Mode**

The EVALUATION Team examined the contracting mode for The EVALUATION Project. Despite the new, research oriented and experimental nature of the Project, it was issued as a contract rather than as a cooperative agreement. As such the contract includes specific deliverables in each major area of the Project which at the time of its design were clearly speculation at best about what was actually needed to advance this field of endeavor. The Project has been extremely successful in moving the field of impact evaluation ahead, but the contracting mode has clearly been a hindrance because of the lack of flexibility in pursuing various lines of inquiry and activity. The following examples illustrate the problems in each of the Project's components:

1. **Impact and Methodological Studies:** The contract did not anticipate the importance of external studies. Considerable time and effort has been expended by the Project staff in justifying sole source arrangements for research studies. A cooperative agreement would have given more flexibility to solicit different types of studies.
2. **Reference Documents:** The contract's requirements for reference documents were largely based on educated guesses. Until the implementing organizations began to address the needs for materials through inquiry and trial and error, the nature and extent of the documents could not really be defined. For example, the *Handbook* was perceived to be a simple listing of indicators that needed to be updated each year. After two and a half years of considerable effort, a comprehensive, well-thought out volume of 218 pages was produced that should not be updated until the various indicators go through a process of systematic testing in the field.
3. **Technical Assistance:** The contract seriously underestimated the complex, experimental nature of the technical assistance required to assist in carrying out evaluation studies in the field and in institutionalizing an evaluation capacity. Given that new ground is being broken, the Project has been inhibited from pursuing certain lines of inquiry and assistance because of the contract's very limited requirements for technical assistance. Again more flexibility would have benefitted this project area.
4. **Training:** The contract again reflects a lack of appreciation of the role of training in institutional development. Particularly because two of the implementing organizations are universities and are in the business of training and institutional development, more flexibility in allowing them to develop an approach to training that involved experimentation and modification rather than specific deliverables would have been preferable.

The follow-on project should be developed as a cooperative agreement rather than a contract to allow for the greatest amount of flexibility in further developing the conceptual framework, testing different research avenues, and in institutionalizing the process in developing countries.

#### **Conclusions:**

The division of responsibilities among the three organizations is generally as expected although all three organizations have played significant roles in technical assistance, and CPC has been more involved than anticipated in training. Overall LOE for the Project exceeds planned levels (the Project has requested an increase in the LOE with which the Evaluation Team concurs) largely due to the economical effort of graduate students. With few exceptions, the Project is contributing the highly skilled and experienced staff that had been promised in the contract.

The EVALUATION Project is well managed, and the Project's expenditures are in accord with expectations. The USAID Contracts Office has been very slow in processing project documents,

and these delays have inhibited the Project's implementation. The prime contractor, CPC, and TFGI have experienced some strains in their relationship, but both parties are aware of the issues and the need to improve communications. The fact that The EVALUATION Project was issued as a contract has restricted the Project's flexibility in developing and experimenting with new approaches to evaluation.

**Recommendations:**

Both CPC and the USAID CTO/TA should find ways to get the USAID Contracts Office to carry out a more timely review and approval of project documents. CPC should amend its personnel requirements and allow for a full-time contracts officer to handle the full-time work load.

The Technical Advisory Group and Policy Advisory Group both serve useful and distinct functions and should be maintained as separate groups. As currently, they should have advisory, but not oversight, functions. The follow-on project should constitute both a TAG and a PAG.

The follow-on project should be issued by USAID as a cooperative agreement to maintain maximum flexibility in carrying out future research that addresses the evolving conceptual framework. Similarly, this flexibility would allow the implementing institutions to experiment with different approaches to institutionalizing an evaluation capacity in developing countries.

## **6. Relations with USAID**

This section covers relations between the Project and USAID in Washington, D.C. and relations with the USAID missions in the field.

### **6.1 USAID in Washington, D.C.**

From all accounts The EVALUATION Project established an excellent relationship with USAID staff in the Office of Population. The Working Groups quickly gave the Project an identity within the Office since many USAID staff participated in meetings of various working groups. The Project staff has been extremely responsive to requests made by USAID. The prime example is the Project's response to develop indicators for reproductive health. The Project staff responded rapidly by developing a conceptual framework and assembling five working groups. Although the Project's work in reproductive health directly pertains to the health and nutrition areas at USAID, it is not understood as an EVALUATION Project activity by some staff outside the Office of Population. In fact, it appears that despite the creation of the Center for Population, Health and Nutrition at USAID, not all staff in the Office of Health and Nutrition are aware of the Project.

Relations between the USAID CTO/TA and Project staff at CPC and Tulane are excellent and are somewhat strained with TFGI reflecting problems similar to those discussed in section 5.3. The CTO/TA has played an effective role as gate keeper to ensure that the Project's effort was not too diffused in the early years. The two management reviews conducted by the CTO/TA were thorough, well-done and useful for the Project's management. The second review included a staff questionnaire that asked each member of the Project's staff to discuss the Project's performance and relations. This was a good innovation that should be suggested to other CTO/TA's for their management reviews. As mentioned previously, the Project has had difficulty getting a timely response from the USAID Contracts Office suggesting that new ways are needed to get timely review and approval from that office.

### **6.2 USAID Field Missions**

The Project has excellent relations with those USAID Missions with which it has had extensive contact: Brazil, India, Morocco, and Tanzania. Of three additional USAID Missions where the Project has been active (Peru, Ghana, and Kenya), the first two gave very favorable assessments in their responses to a USAID/W cable on the Project's work. Kenya cited being pressured by a member of the TAG to approve a research study that was of little interest to the mission. Three Missions specifically cited the usefulness of the *Handbook* (Ghana, Haiti, and Indonesia), and one Mission (Indonesia) described *EASEVAL* as being practical.

Given that The EVALUATION Project intentionally concentrated its technical assistance in a limited number of countries, it is not surprising that so few responses were received on its work. However, it is disappointing that so few missions cited the *Handbook* and the *EASEVAL* manual. This low response suggests that Mission staff either do not realize they have received these documents or they have not tried to use them. It is also noted that USAID field staff were not aware of or involved in the very intense and productive efforts of the functional working groups.

Another aspect of the Project's relations with USAID missions concerns the approvals needed from missions on proposed studies. The Project had some difficulty getting approvals from a number of missions (typically because mission staff feels overburdened with other activities or it may not see direct benefits for the country program of the proposed research or because the country is considered a graduate of USAID assistance). The problem of getting approval for research generated by USAID Washington projects is not unique to The EVALUATION Project, however it does have important implications for the scientific integrity of the Project's research agenda. For example, if approval cannot be obtained to conduct a study in a given country (perhaps because it is a "graduate" of USAID assistance), deemed to be most suitable in terms of the research question (e.g., because it has a very advanced family planning program), then it may not be possible to get a good or the best answer to the question. Project staff see this issue as more of a structural than an operational problem. The Evaluation Team agrees and believes that it merits consideration at fairly high levels within USAID given the increased need to show results from USAID programs.

Of the total of 24 responses from USAID Missions, 14 stated a definite need for the Project's assistance in the future and an additional two stated that a need for evaluation assistance might arise in the future.

### **Conclusions:**

The EVALUATION Project is well perceived by USAID staff in the Office of Population. The project has relatively little identity among staff outside G/PHN/POP or among other USAID Field Missions more generally. Among the USAID Missions that have benefitted from the Project's technical assistance, the contributions of the Project are outstanding or very favorable. Field staff were not involved in the activities of the Working Groups.

### **Recommendations:**

After three and a half years of developing reference materials and putting into place some very promising models of assistance in evaluation (India, Morocco, Peru, and Tanzania), the Project and the CTO/TA have a major task ahead in making USAID staff (both in Washington and the field) aware of the Project's outputs and outcomes as they materialize. As a start, the Project's

staff should respond to many of the USAID Mission cables especially those expressing need for future help.

In addition, the CTO/TA should send an E-mail to all USAID Missions that have received the *Handbook* and/or *EASEVAL* explaining what they have received, how it can be used (perhaps citing other USAID Mission experiences), and asking if they need help in using the materials. If, for example, the 1995 SOTA course were to include evaluation training, such training could be offered as a follow up to the mailing of these materials. In the future, such materials should not simply be sent without some special effort (other than a cover letter) by the CTO/TA to let Missions know what is coming and why they would find it useful. In the case of *EASEVAL*, a preferred strategy would have been to send an E-mail asking which Missions wanted to receive copies.



## **7. Summary of Project's Impact and Recommendations for the Remainder of the Current Project**

### **7.1 Summary of the Project's Impact**

Even though The EVALUATION Project has been in existence for only three and one-half years, it has already had considerable impact, both in regard to technical and methodological areas as well as other areas. The Evaluation Team has identified nine ways in which the Project has made significant contributions.

1. It has succeeded in pulling together a clear and concise conceptual framework of the interrelationships between family planning program inputs, processes, outputs, and outcomes. This conceptualization is proving to be a valuable guide for designing research and developing methodologies in the area of impact evaluation.
2. It has been responsible for developing a consistent and well-defined set of family planning indicators. Even though these indicators still need to be tested and further refined, the published set of indicators has already had an impact on how evaluation is thought about and carried out.
3. It has done a thorough job in pulling together the available material on methodologies of family planning evaluation. Even though much methodological research is still in progress, it has already brought about further development and elaboration of promising methodologies, e.g., multi-level models, GIS, etc.
4. It has made major advances in developing new applications of impact evaluation methodologies in the field. These developments have only taken place so far in the Project's focal countries, but in time these will provide lessons for evaluation in many places.
5. The Project is funding a set of studies that are producing high quality, timely research on the factors that influence the development of successful family planning programs.
6. It has stimulated a change in thinking among a number of USAID staff (both in missions and in Washington) by creating a much greater awareness of the importance of evaluating the impact of family planning programs, rather than just focusing on program inputs, processes, and outputs (service utilization, etc.).
7. It has provided substantial assistance to a select number of USAID missions by facilitating the assessment of PRISM indicators in the field and in the case of Tanzania, assisting in carrying out required evaluations.

8. The Project's work has resulted in improved design and planning of evaluation in bilateral projects in Cambodia, India, Kenya, the Philippines, Turkey, and Yemen; and in central projects (PRIME, SEATS, POLICY); and in improved implementation of mid-term evaluations of central projects (ASIA OR, OPTIONS, and RAPID). The Project staff has also helped the POPTECH project by providing training for key consultants and briefings for POPTECH teams.

9. One often overlooked contribution of the Project has been its success in bringing experts from various disciplines into the field of family planning evaluation who have not previously worked in it. Many of these individuals are bringing innovative and valuable approaches to the relevant methodological and research issues in the field.

10. Finally, the Project has fostered working relationships and collaboration among individuals and organizations through working groups, advisory groups, technical assistance, and other activities.

## **7.2 Recommendations for the Remainder of the Current Project**

The following recommendations are drawn from the preceding sections of the report.

### **7.2.1 Reference Documents**

#### ***Indicators Handbook and working papers***

1. The *Handbook of Indicators for Family Planning Program Evaluation* should not be revised until indicators have been tested and refined. The Project should prepare a short, easily understood companion booklet on how to use the *Handbook* and how to select indicators in a given setting.
2. The material on reproductive health (RH) indicators should be kept as five separate working papers.

#### ***EASEVAL Software and Manual***

1. Prior to carrying out extensive enhancements to the software, Project staff should conduct "market research" on the target audiences using or likely to use *EASEVAL* and how to increase its use. If the software is deemed useful and a cost-effective way of providing program officers and policy makers access to DHS data, enhancements and further dissemination and training in *EASEVAL* are warranted.
2. The *EASEVAL* software and manual should not routinely be sent to the field without providing training and DHS data. Some of the cautions that need to be emphasized in the

training are: the issues of small sample sizes for some calculations and awareness of possible variations in questionnaire skip patterns in different countries that may affect the comparability of results between some countries. Furthermore, a warning is needed in the software program to alert users when estimates are based on too small a number of observations.

3. If enhancements are to be made, the most important modification would be to include added warnings about sample sizes and interpretation of results and to improve the graphics capability. *EASEVAL* should add the ability to calculate health and child-based indicators if it is decided to include reproductive health and infant and child health in the mandate for the follow-on procurement. The software should be also be modified to permit analysis of changes between two surveys in the same country. However, there is no compelling need to develop multivariate data analysis capability within *EASEVAL*.

### **Strategies for Family Planning Program Evaluation**

Before finalizing the manual, Project staff should have it reviewed by key USAID staff to get feedback from individuals who have extensive experience with family planning programs in the field. Furthermore, it would be useful to let readers know the relative costs of different types of evaluation approaches and methodologies. Finally, the section on data analysis (Chapter V, section III) needs to be expanded to include more illustrative examples of how to analyze the information.

#### **7.2.2 Functional Working Groups**

1. Working groups should meet again to discuss field testing of the indicators and possible revisions for a future edition of the *Handbook*. Assessment of the feasibility, reliability and validity of the indicators and examples of field applications of the indicators should be produced by the working groups.

2. USAID Mission Population and Health Officers and country counterparts should be included in the working group process to the extent possible.

3. A special working group or committee should be convened for the purpose of developing guidelines and selection criteria for choosing a limited number of appropriate indicators for country-specific evaluations or for evaluating overall program impact on fertility.

#### **7.2.3 Impact and Methodological Studies**

1. The major focus of the rest of the Project should be to ensure that all the studies are finished and that the results are disseminated in an accessible and timely manner.

2. With regard to contextual data, the Project and USAID should work with DHS and The Population Council to ensure that SAMs and SAs complement each other. USAID is strongly urged to commission in the very near future, a cross national study of the impact of service availability on contraceptive use using data from the SAMs. The analysis should be multilevel using a variance components approach.

#### **7.2.4 Technical Assistance**

1. The Project should continue to concentrate on focal countries. It should begin to institutionalize its technical assistance work through multi-tiered, targeted training and dissemination efforts. This should include the application of a well-documented technical assistance strategy (perhaps using Morocco as a case study) that will serve as a model not only for USAID staff and host-country counterparts, but also for CAs, NGOs, and other donors.

2. Through technical assistance, the Project should provide the methodology for conducting evaluations (i.e. reference materials) and continue work on the development and testing of new methodologies, but POPTECH and other evaluation organizations should continue to conduct routine evaluations of program activities.

#### **7.2.5 Training**

1. Project staff should begin to design a training strategy that will help guide the follow-on project. Such a strategy would help ensure that the excellent results from The EVALUATION project will be widely used in the field. Ideally, this should begin with an assessment of training needs across institutions (USAID, CAs, other donors, population centers at U.S. universities, regional population centers and/or DHS repositories in developing countries, and host-country institutions in focal countries). The needs assessment should also obtain information on the most suitable and cost-effective training fora.

2. In the future and possibly in the follow-on, it would be useful to hold regional workshops similar to that held at EWC. In order to institutionalize the Project's approach and methods, a cadre of skilled personnel from these regional organizations need to be trained. Organizations such as CERPOD and CELADE might be appropriate collaborators.

3. Additional *EASEVAL* training would be facilitated by including university faculty and students from selected population/demography and public health programs in the training, and by training appropriate staff at the five DHS depositories around the world.

### **7.2.6 Dissemination**

1. There should be increased emphasis on dissemination activities in the future. Project staff should explore various channels for getting out more information about the Project's activities and publications. Special efforts should be made by project staff and the USAID CTO/TA to inform key USAID and other donor staff about the Project's results especially in terms of models for future project design and evaluation.

Either as part of dissemination or the training strategy, the Project should identify high-level officials at USAID (e.g., in the Offices of Legislative Affairs, Management, CDIE as well as Mission Directors) who should know about the Project's approach to evaluation, the initial and most compelling results, and the cost implications of doing good impact evaluation, and the Project staff should give appropriate presentations or special seminars.

E-mail should be used periodically to highlight special publications or successes for USAID (in Washington and overseas), other donor and CA staff.

2. Project staff should consider developing a RAPID-type presentation on the approach and results of its work on impact evaluation that can be shown to key audiences.
3. At the conclusion of the current project, it would be desirable to hold a major conference to disseminate study results, case studies, methodologies, and other products developed by the Project. The USAID CTO/TA and Project staff should get support from other donors or organizations to fund the conference. An alternative would be to hold the conference in the first phase of the follow-on project.

### **7.2.7 Internal Evaluation**

Near of end of the contract, Project staff should assess how useful the internal evaluation strategy was in guiding the Project's work. If it proves to be worth the effort, then it should be presented to USAID and other CAs as a model for other projects.

### **7.2.8 Fellows Program**

1. The senior fellows program should be continued. It is very important that the staff do their best to select individuals who are likely to continue to take an active role in family planning evaluation after their fellowship ends. Staff should also try to involve fellows in Project activities after they return home, given the familiarity with Project goals and activities.
2. In the future, a number of junior fellows should participate at a given time (small groups of 2-4 people) from the same country or region and stay for shorter periods of time, approximately 3-

4 months. If fellowships were set up to coincide with university semesters, fellows could take advantage of courses offered and still receive training and research experience from Project staff.

#### **7.2.9 Organization, Management and Finances**

1. Both CPC and the USAID CTO/TA should find ways to get the USAID Contracts Office to carry out a more timely review and approval of project documents. CPC should amend its personnel requirements and allow for a full-time contracts officer to handle the full-time work load.

2. The Technical Advisory Group and Policy Advisory Group both serve useful and distinct functions and should be maintained as separate groups. As currently, they should have advisory but not oversight functions.

3. The follow-on project should be issued by USAID as a cooperative agreement to maintain maximum flexibility in carrying out future research that addresses the evolving conceptual framework. Similarly, this flexibility would allow the implementing institutions to experiment with different approaches to institutionalizing an evaluation capacity in developing countries.

#### **7.2.10 Relations with USAID**

1. In addition to the recommendations made above and in the interest of creating greater understanding and awareness of the Project, the Project's staff should respond to many of the USAID Mission cables especially those expressing need for future help.

2. The USAID CTO/TA should send an E-mail to all USAID Missions that have received the *Handbook* and/or *EASEVAL* explaining what they have received, how it can be used, and asking if they need help in using the materials.

## **8. Needs and Priorities for the Follow-on EVALUATION Project**

Although The EVALUATION Project is commended for having made significant progress in meeting the ten-year objectives set out in the USAID Project Paper, there is clearly a need for a follow-on project in impact evaluation. The remaining life of the first project will see the completion of numerous studies, the publication of the conceptual framework, the strategies document, the evaluation reader, and working papers in five areas of reproductive health. These research results and reference documents will greatly assist the technical assistance and training in the follow-on project.

### **Recommendations:**

1. The follow-on project should be issued by USAID as a cooperative agreement to maintain maximum flexibility in carrying out future research that addresses the evolving conceptual framework. Similarly, this flexibility would allow the implementing institutions to experiment with different approaches to institutionalizing an evaluation capacity in developing countries.
2. The follow-on project should continue to have research as its major focus. There remain key research gaps in the area of family planning evaluation that should be addressed in the follow-on (e.g., cost and cost-effectiveness studies; methodological studies for evaluation of family planning training, policies, etc.; sustainability of family planning programs). Few of the impact and methodological studies funded in the first EVALUATION Project have successfully addressed the issue of the family planning programs' direct impact on the level of fertility in study populations. The team recommends that appropriate methodologies be developed and used in the follow-on procurement to answer the question of family planning programs' fertility impact in a wide range of cultures (e.g., in USAID priority countries or in as many as is feasible).
3. Research funds should be allocated in the follow-on project to conduct a comprehensive and in-depth analysis of existing data from the DHS Service Availability Modules (SAMs) and the Population Council's Situation Analysis (SA) studies carried out in selected countries over the past several years. The analysis should examine the unique information collected by each approach, the strengths and weaknesses of the SAMs and SA data collected, the amount of overlap in the information collected, and the relative costs and benefits of implementing each methodology. Both the SAMs and SA data collection approaches produce data that have not been fully exploited. Future DHS Surveys (conducted by Macro International) and Situation Analyses (conducted by the Population Council) should be coordinated so that DHS SAMs and SA information will be collected for the same clusters and in such a way that the two data collection systems will be linked for multi-level analyses of family planning program impact. Sampling and statistical issues surrounding such a data collection strategy will also need to be resolved.

4. The follow-on project should ensure sufficient funding for secondary analysis of data collected in the focal countries, particularly in Brazil, India, Morocco, Peru, and Tanzania.
5. The further development and application of appropriate evaluation methodologies on the impact of family planning programs should be a priority in the follow-on project. Both technical assistance and training should continue to be key elements of the implementation of this work. Capacity-building in the design, testing, and implementation of sound program and impact evaluations should be carried out in an increasing number of USAID-supported countries.
6. The models and strategies for technical assistance that have been developed and implemented effectively in Morocco and in other focal countries should be institutionalized in those countries and replicated in a limited number of additional focal countries during the follow-on project. Furthermore, the lessons learned and the advances made in evaluation methodologies during the first five years of the Project should be also incorporated into the technical assistance and training components of the follow-on project.
7. The Project training component will need to be strengthened and expanded in the follow-on project based on a needs assessment (if not done under the current project), and the development of a training strategy. Such a strategy would likely include regional training in evaluation methodology in Africa, Latin America and Asia and/or at an appropriate U.S. site. French and Spanish translations of reference documents should be available for regional training during the follow-on project.
8. The follow-on project should provide increased attention to and funding for dissemination of reference documents, computer software, country case studies, and the results from numerous impact and methodological studies produced during the first five-year EVALUATION Project. The dissemination strategy used during the first project coupled with suggestions in this report should be used in future dissemination efforts. Furthermore, the training and dissemination strategies should be complementary and ensure that materials are available in English, French and Spanish.
9. The follow-on project should provide the methodology for conducting evaluations through its various reference documents and should provide assistance for developing and testing of new methodologies. It should play a key role in designing evaluation strategies, but in general POPTECH and other evaluation organizations should conduct most routine evaluations of program activities. Technical assistance and country-specific evaluations should be carried out in the focal countries especially where such assistance serves to test and establish evaluation models, indicators, methodologies, and training programs. The number of focal countries should probably be increased to include a fairly broad range of such characteristics as program maturity, fertility levels, socioeconomic characteristics, and geographic regions.



***Mid-Term Evaluation of the EVALUATION Project***

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**10. USAID should explore joint funding by other donors for the follow-on project. Such funding could be used at a minimum for training selected staff and adapting the Project's training materials to these other institutions (e.g., World Bank staff recommended using examples from Bank projects in any further training on evaluation methods).**

**11. If a major conference is not held during the first project to disseminate study results, case studies, methodologies, and other products developed by the Project, then such a conference should be convened during the first phase of the follow-on project.**

**12. Both the Technical Advisory Group and Policy Advisory Group should be constituted in the follow-on project. They should continue to have advisory, but not oversight, functions.**

## **Annex A**

### **Scope of Work**

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**EVALUATION SCOPE OF WORK**  
**Evaluation of Family Planning**  
**Program Impact Project**

The Office of Population (G/PHN/POP) has a five-year (September 1991-September 1996), \$14 million contract with the Carolina Population Center (CPC) of the University of North Carolina for the implementation of the Evaluation of Family Planning Program Impact (EVALUATION) Project. The project is being implemented by CPC and its subcontractors, Tulane University and The Futures Group International. The EVALUATION Project is one of two projects that is supported under the Policy and Evaluation Division's Evaluating Family Planning Program Impact (EFPPi) ten-year umbrella project. At the end of September, the EVALUATION Project will be entering its fourth year of implementation. The proposed evaluation will examine the EVALUATION Project's performance and accomplishments to date and will provide guidance for the design of the follow-on procurement.

**I. Basic Project Information**

Project Name and Number	Evaluation of Family Planning Program Impact (936-3060)
Contract Numbers	DPE-3060-C-00-1054-00 DPE-3060-Q-00-1055-00
Core Contract Value	\$14,175,385
Obligations to Date	\$10,249,000

**II. Background**

**A. EVALUATION Project Scope of Work**

The purpose and objectives of the EVALUATION Project are laid out in the ten-year EFPPi project paper. No separate purpose and objectives were defined for the first five year contract; but rather, it was expected that the contractor would make clear although not complete progress toward accomplishing the ten-year purpose and objectives by the end of the first five years.

The purpose of the EVALUATION Project is "to strengthen USAID's population assistance by enhancing the ability to evaluate the impact of population programs on fertility." Accomplishment of this purpose would be demonstrated by the following end of project status (EOPS):

- Improved methodologies and consistently defined evaluation impact indicators are used across population project and program evaluations.
- Methodologies developed by project are applied in USAID's central and field population projects and programs.
- All new population projects have a plan for impact evaluation built in at the project design stage.

- Procedures and norms for conducting impact evaluations are institutionalized within family planning service and support organizations.

The project activities aimed at accomplishing the Project's objectives can be grouped into the several broad categories listed below. Required activities within each of those categories are also noted.<sup>1</sup>

- Those aimed at improving measures of family planning program impact and use of existing data

Production of reference documents including:

1. a state-of-the-art paper reviewing the literature relevant to family planning program evaluation,
2. a conceptual framework of family planning program dynamics,
3. a typology of family planning programs and appropriate evaluation strategies by program type,
4. an evaluation manual,
5. a handbook of consistently defined indicators, and
6. an interactive computer program and companion hard copy guide for using DHS data for program evaluation.

Organization of functional level working groups in the functional areas of service delivery; commodities and logistics management; operations research; training; management; information, education, and communication; policy; and evaluation.

The conduct of impact and methodological studies (either by the project or commissioned to other researchers) aimed at improving the understanding of how family planning inputs contribute to fertility decline and to test improved ways of measuring this contribution.

- Those aimed at increasing and institutionalizing evaluation expertise among USAID, host-country organizations, and cooperating agency (CA) staff

Provision of technical assistance in designing evaluation plans and conducting evaluations.

The conduct of U.S.-based and field-based training workshops.

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<sup>1</sup>Exact numbers of each type of activity are indicated in the EVALUATION Project's contract.

- Those aimed at improving the dissemination of evaluation information

Distribution of reference documents and research reports developed by the project.

Publication of project findings in professional journals.

Presentation of project findings at professional meetings.

## B. Management Review

Management reviews of the EVALUATION Project were conducted in December 1992, and March 1994. Both of these reports will be available to the evaluation team for review. The most important point coming out of the management reviews was the need for several contract amendments due to changing demands on the EVALUATION Project's time (e.g., a greater than expected demand for technical assistance, a request by G/PHN for the EVALUATION Project to organize and lead a Reproductive Health Indicators Working Group, need for a greater than expected number of working group meetings, etc.). A request for those contract amendments has been submitted to the USAID contracts office.

## III. Purpose of the Evaluation

The purpose of the current evaluation is four-fold:

- To assess the extent to which the project has accomplished the purpose as set forth in the project design.
- To assess how organization, management, and finances have influenced the accomplishments of the project.
- To evaluate whether or not the activities included in the design of the project were the best ones for accomplishing the project purpose.
- To identify remaining needs that should be addressed in the follow-on procurement.

## IV. Evaluation Scope of Work

The evaluation should address the following types of questions. This list of questions/issues is intended to be illustrative, and the evaluation team should modify/add questions as appropriate.

- To what extent has the project accomplished the purpose as set forth in the project design?

#### Project Implementation and Technical Accomplishments

1. How do the activities completed by the project compare with what is required in the contract? If there are discrepancies, what accounts for them?
2. What aspects of the project's work are considered most and least valuable to various constituent groups (e.g., G/PHN/POP, missions, CAs) and to the Project itself? Why?
3. How responsive has the EVALUATION Project been to various constituent groups (e.g., G/PHN/POP, missions, CAs)?
4. How technically competent are members of the project staff? Have their skills and experience been appropriate for meeting the needs of various constituent groups (e.g., G/PHN/POP, missions, CAs)?
5. To what extent has the project contributed to the evaluation work of other donors?

#### Project Outcomes and Impact

In assessing project outcomes and impact, the evaluation team should keep in mind that the objectives for the project are based on a ten-year project paper period. Consideration should be given as to whether or not the progress toward accomplishing these objectives has been reasonable.

1. What has been the contribution of EVALUATION Project activities to improved methodologies and consistently defined evaluation impact indicators being used across population projects and program evaluations?
2. What methodologies developed by the project are being applied in USAID's central and field population projects and programs? How are they being applied?
3. How are project activities influencing the inclusion of a plan for impact evaluation at the project design stage of new population projects?
4. Are the procedures and norms for conducting impact evaluations becoming institutionalized within family planning and support organizations; and if so, how have project activities contributed to this institutionalization?

5. How does the definition of "Impact" being employed by the project compare with what was conceptualized at the time of the project design. If there are differences, how might they best be addressed?

- How have the organization, management, and finances of the EVALUATION Project influenced its accomplishments?

#### Project Organization and Management

1. How do the organization and management of the EVALUATION Project at the prime as well as the subcontractor level contribute to or detract from the functioning of the project? What, if any, specific changes are needed? How does management from USAID affect the functioning of the project?
2. Is the project staff sufficient to meet the demands being placed on the project? Do the other commitments of project staff influence their performance on the project? If so, how?
3. What steps have been taken by the project to monitor and evaluate their activities on an ongoing basis? When evaluation information is gathered, how is it used in project planning?
4. How has the project responded to changes in G/PHN/POP priorities and its expanding mandate? How have these changes affected the contractor?

#### Financial Issues

1. Are there any issues regarding financial management of the project that are of concern?
  2. Is the level of funding for the project sufficient for the project to meet the expectations that have been placed on it?
- Were the activities included in the design of the project the best ones for accomplishing the project purpose?
    1. Completing all contractually required activities does not necessarily ensure that the project purpose will be accomplished. Sometimes the exact type of activities, the mix of activities, or the weight given to each type of activity may not be appropriate for accomplishing the purpose and objectives of a project. Also, the establishment of evaluation norms and changing the way in which evaluations are conducted across other organizations are outcomes that depend on actions outside of direct project control. The evaluation team should reflect on these issues and provide their assessment of the appropriateness of the contractually required activities.

2. Would there have been any advantages of having a cooperative agreement rather than a contract for the EVALUATION Project? If so, should consideration be given to making the follow-on procurement a cooperative agreement?
- What evaluation needs remain after the first phase of the project to be addressed in the follow-on procurement?
    1. What, if any, modifications need to be made in the purpose and objectives of the 10-year umbrella evaluation project? Should the project be amended to include other reproductive health outcomes; and if so, what would be the advantages and disadvantages of doing so?
    2. Based on what has been learned from the project to date, through what mix of activities might the objectives of the follow-on project best be addressed? Are any modifications in funding levels necessary overall or across activities?
    3. Based on what has been accomplished to date and on changes in G/PHN/POP's mandate, what should be the ordering of priorities in the follow-on procurement?

#### **V. Methods and Procedures**

The evaluation team will review all project documentation, including but not limited to the following: the EFPPI project paper, the EVALUATION Project contract, the 1992 and 1994 management reviews, annual workplans, semi-annual reports, trip reports, activity evaluations, relevant correspondence, and financial reports. In addition, the team will review all documents that have been produced in fulfillment of contractual requirements. Also, the team will conduct interviews with the EVALUATION Project staff at the Carolina Population Center in North Carolina; at Tulane University in New Orleans; and at The Futures Group, International in Washington, DC.

Because much emphasis in this project is on improving evaluation among USAID/W and CA staff, this evaluation will differ from many other central project evaluations in that a greater proportion of time will be spent in meeting with and talking to U.S. based population professionals. The team will meet with G/PHN/POP/P&E staff, the G/PHN/POP Front Office, the DAA/G/PHN, representatives from all Divisions of G/PHN/POP, CDIE representatives, and staff from G/PHN/HN who have been involved in EVALUATION Project activities or who have interest in evaluation. In addition, the team will also contact in person or by phone, the Project Director or key staff of all CAs, representatives of various donor groups, the Chairpersons of the EVALUATION Project's Policy Advisory Group (PAG) and Technical Advisory Group (TAG), and representatives of the PAG and TAG. The team will be provided with a list of essential contacts as well as a list from which they will be able to select randomly persons to interview. To facilitate this interviewing process, the team should develop a standard questionnaire to use during the interviews.



Prior to the evaluation team's arrival in Washington, G/PHN/POP/P&E will send a cable to all field missions to gather input into this evaluation. All missions will be asked to comment on the likely need for future assistance by the EVALUATION Project; missions in countries where EVALUATION has been active will be asked to comment specifically on the work done by the EVALUATION Project. Based on the review of mission responses, the team may wish to follow up the cables with telephone interviews with mission staff from countries where site visits will not be made.

Following the U.S.-based data collection, members of the evaluation team will visit two countries where the EVALUATION Project has been active: Morocco and Tanzania. These countries have been selected because they are focus countries of the project and will demonstrate a range of the project's activities. While in country, the team will meet with USAID mission staff and local counterparts with whom the EVALUATION Project has worked. Two team members will go to each country.

It is anticipated that the evaluation can be completed in four weeks based on the following illustrative schedule and division of responsibilities:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	DC	DC	DC	NC	NC	NC	Travel
Week 2	NO	DC	DC/NY	DC	DC	Travel	Travel
Week 3	Tanzania/ Morocco	Tanzania/ Morocco	Tanzania/ Morocco	Travel	Travel	DC	Free Day
Week 4	DC	DC	DC	DC	DC Debriefing		

Note. DC = Washington, DC  
 NO = New Orleans (Tulane)  
 NC = North Carolina (Carolina Population Center, Family Health International)  
 NY = New York (Rockefeller, Alan Guttmacher Institute, Association for Voluntary Surgical Contraception, Population Council, UNFPA)

All interviews and data gathering will occur during the first three weeks of the evaluation. At the end of Week 3, all team members will return to Washington, DC, for preparation of the evaluation report and debriefing of the Office of Population and the contractor. Some slight modifications of this schedule might be necessary to accommodate team members' scheduling constraints.

G/PHN/POP/P&E would like to have the evaluation finished and in final form for distribution prior to the March 29-31 TAG/PAG meeting at which future needs in evaluation will be discussed. Thus, the evaluation should take place in the period between early to mid January and early to mid February. A detailed outline of the key findings and recommendations should be provided to G/PHN/POP and Project staff after the fieldwork is completed; and a draft report should be available to the project's Technical Advisor no later than March 3, 1995.

The evaluation team will consist of 4 people who, among them, have the following expertise and experiences:

- Ph.D. or equivalent in social science or statistics with particular knowledge of demography, mathematical modeling, multilevel analysis, and family planning program evaluation;
- Knowledge of critical issues in evaluation of program impact;
- Familiarity with USAID and USAID projects;
- Proficiency in French (if Morocco is to be visited); and
- Excellent writing skills.

#### **VI. Funding and Logistical Support**

All funding and logistical support for the EVALUATION Project evaluation will be provided through the Health Technical Services Project of the Office of Health and Nutrition. Activities that will be covered include recruitment of the evaluation team, payment of evaluation team members for a six-day work week, support for all expenses related to the evaluation, logistical support, and publication of the draft and final reports.

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## **Annex B**

### **List of Contacts**

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## **List of Individuals Contacted**

### **Carolina Population Center, University of North Carolina**

Alfred Adewuyi  
John Akin  
Karl Bauman  
Lewellyn Betts  
Richard Bilsborrow  
Ken Bollen  
Bates Buckner  
Barbara Entwisle  
David Guilkey  
Tom Heath  
Al Hermalin  
Marsha Krzyzewski  
Linda Lacey  
Kate McIntyre  
Tom Mroz  
Ron Rindfuss  
John Stewart  
C. Suchindran  
Amy Tsui  
Richard Udry  
James Veney  
Kent Walker

### **The Futures Group International**

Karen Foreit  
Robert McKinnon  
John Ross  
Naomi Rutenberg  
Janet Smith  
Cynthia Sorensen  
John Stover

### **Tulane University**

Jane Bertrand  
Lisanne Brown  
Robert Magnani  
David Hotchkiss  
Harrison Spencer  
Jennifer Strickler

### **USAID**

Sigrid Anderson  
Anne Wilson  
Thomas Bordone  
Maria Busquets-Moura  
Connie Carrino  
Richard Cincotta  
Leslie Curtin  
John Crowley  
Barbara Feringa  
Phyllis Dichter Forbes  
Joyce Frame  
Robert Haladay  
Carl Hemmer  
Joyce Holfeld  
Roy Jacobstein  
Karen Johnson  
Rodney Knight  
Irene Koek  
Elizabeth Maguire  
Thomas Morris  
Margaret Neuse  
Deidre LaPin  
Bonnie Pedersen  
Willa Pressman  
Scott Radloff  
Karen Ringheim  
Elizabeth Schoenecker  
Elizabeth Thompson Serlemitos  
James Shelton  
Shelley Snyder  
Jeff Spieler  
Ellen Starbird  
Krista Stewart

### **USAID/Brazil**

Jennifer Adams

### **ABT Associates**

James Knowles

**Alan Guttmacher Institute**

Jacqueline Forrest  
Susheela Singh

**Basic Health Management (POPTECH)**

Jerald Bowers

**CDC**

Tim Johnson  
Leo Morris

**East West Population Center**

Minja Choe

**Family Health International**

Douglas Nichols  
Barbara Janowitz  
Cynthia Waszak  
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EVALUATION Project

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**Annex C**  
**Morocco Trip Report**

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## **Trip Report MOROCCO**

Two members of the Evaluation Team spent three working days (January 23-25, 1995) in Rabat, Morocco. We interviewed staff of the USAID Mission, officials of the Ministry of Public Health (MOPH) and JSI staff (see Appendix B for the List of Contacts).

Morocco is one of the Focal Countries for the Evaluation Project. As such it was assumed that concentrating project activities in Morocco would maximize the chance of achieving the Project's goal of "strengthening the capacity of USAID and host-country institutions to evaluate the impact of population programs on fertility". Based on the brief site visit, the Evaluation Team concludes that the Project's work in Morocco is a success story in the making. The following discussion substantiates this conclusion and reviews how the Project became involved in Morocco, what the objectives of the assistance are, the accomplishments, issues, conclusions, and recommendations.

### **Selection of Morocco as a Focal Country**

The Evaluation Project was invited to review the USAID Mission's plans for evaluating the Population and Family Planning Support III Project. Jim Knowles, who had years of experience providing technical assistance in Morocco, developed a succinct, useful evaluation strategy for the Morocco Family Planning and Maternal Child Health Program in May 1992. The timing of this assistance was ideal since the Mission was charged with developing a PRISM system to monitor its program in family planning and MCH. Shortly thereafter, Jane Bertrand was invited to assist along with SEATS project staff in developing a survey to assess the quality of services in the MOPH. The Quality of Care Study was conducted in five provinces between November 1992 and December 1993.

These initial activities led to an expanded scope of work on evaluation with the MOPH and a two-year buy-in for \$500,000 (August 1994-August 1996<sup>1</sup>). Two key ingredients for the effective effort in Morocco are the Project's high caliber staff with extensive field experience and the fortuitous timing of the assistance.

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<sup>1</sup>The initial scope of work was prepared in late 1993, but was not approved by the USAID Contracts Office until August 1994 about an eight-month delay. Fortunately the Project was able to support some activities with its central funds until the buy-in was in place. About \$310,000 of central funds have been spent on Moroccan activities through September 1994.



## **Scope of Work for the Morocco Assistance**

The Evaluation Project's work has centered on two components: 1) helping the USAID Mission with its evaluation plans, and 2) assisting the MOPH in strengthening its evaluation capability. There are seven activities set out in the buy-in scope of work. These are:

- A. Establishment of an Evaluation Unit within the MOPH;
- B. Development of an Evaluation Plan (for monitoring performance and evaluating the impact of the Morocco Family Planning program);
- C. Design and Conduct of Evaluation Workshops;
- D. Curriculum Development for an Evaluation Module for INAS (Institut National de l'Administration Sanitaire that is responsible for training in health administration)
- E. Exchange of Population Specialists (under the Project's Senior/Junior Fellowship Program);
- F. Other Professional Linkages (visits for Moroccan professionals to the United States to work with Project staff on specific research and analysis tasks);
- G. In-depth Analysis of Existing Data for Evaluation Purposes (i.e., MOPH service statistics, both analysis and follow-up on the quality of care study, DHS individual and facility data).

## **Accomplishments**

### **1. Helping the USAID Mission with its Evaluation Plans**

The Evaluation Project provided assistance to the USAID Mission in developing its evaluation strategy including its PRISM system. The elements of this assistance were reviewing the current status of evaluation activities and resources in Morocco, identifying evaluation and research needs, proposing specific indicators, and developing a research and evaluation plan. The *Handbook of Indicators for Family Planning Program Evaluation* (Bertrand, et. al., 1994) was also used extensively by the Mission.<sup>2</sup> The Mission used the PRISM framework in designing its Project Paper on Family Planning/Maternal Child Health in 1992 and also as a basis for its principal technical assistance contract with John Snow Inc. Under the contract, there is a standard format for performance measures that is being applied to each Cooperating Agency assisting in the contract's implementation. USAID Mission staff consider the work on the PRISM system to be an excellent model for other Missions. While the Project provided excellent and timely assistance, the Mission's success in applying the framework is mainly do to very receptive, motivated Mission staff who understood the importance of good evaluation and could apply the basic principles and methodologies.

### **2. Assisting the MOPH in Strengthening its Evaluation Capability**

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<sup>2</sup>Mission staff suggested that a good page index of contents would make the *Handbook* easier to use. For example to find the discussion of CYP, it is necessary to scan the entire table of contents.

Although the buy-in has only been in place since August 1994, a number of activities has taken place (thanks to use of central resources), and it is possible to discuss the Project's early accomplishments.

A. Evaluation Unit. While the Unit has not been established per se, key staff in different parts of the MOPH have been tapped to be part of a core evaluation team. The Project has worked with these individuals and strengthened their understanding and ability to carry out evaluation (see E and F below). Senior MOPH staff recognize the importance of this work.<sup>3</sup> The USAID Mission is not concerned that the evaluation unit has not been designated and placed officially. The Mission staff's main concern is that the MOPH have the capability and that evaluation activities be planned and conducted in close proximity to those directly concerned with carrying out the service delivery program. In this way, evaluation will be used as a tool to improve programs. Most of the key staff identified to be part of the core evaluation team that we interviewed stated that the evaluation unit was in a sense functioning even though the staff are spread out through the ministry.

B. Evaluation Plan. A general evaluation plan for Morocco's FP/MCH Program was developed initially by Jim Knowles in 1992 to guide the Mission. The buy-in envisions the preparation of an evaluation plan by the unit charged with evaluation. Since the actual unit does not exist yet, this activity has not yet occurred, although the building blocks are evident. For example, the training service within the Division de la Planification Familiale carried out seminars in the summer of 1994 with staff from the five provinces where the Quality of Care study was implemented (with assistance from JSI). The purpose of the seminars was to see how services could actually be improved. Once the Project's materials are available in French (handbook, guide and strategy documents), it will be somewhat easier to undertake this activity.

C. Evaluation Workshops. As called for in the buy-in, three evaluation workshops have been held. The first of these sessions (March 1994) was for the core evaluation staff on how to operationalize evaluation theory. (One staff member of the DPES reported that she started using CYP after the training.) The participants also worked on developing the protocol for an evaluation of IUD training.<sup>4</sup> The second workshop was held in Marrakech as a training of trainers from five provinces. The participants included five teams of 3-4 staff (chief doctors, nurses, statisticians) each with program responsibility at the provincial level. One objective was to help the teams analyze service statistics for evaluation purposes. The workshop ended with an action

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<sup>3</sup> Dr. Tyane, head of the Division de la Population until January 1995, clearly recognizes the value of this work and is beginning to apply the evaluation principles to his new post as head of the Direction des Hopitaux et des Soins Ambulatoires. Unfortunately, the Evaluation Team was not able to meet with the new head of Direction de la Population. According to a new organizational plan of the MOPH, the Division was recently elevated to a Direction.

<sup>4</sup>This evaluation was requested by a TAACS advisor who had been working at the USAID Mission and overseeing the technical assistance in IUD training to the MOPH. This individual felt that the training should be evaluated by an organization other than the one conducting the training. As a result, the Evaluation Project was asked to carry out this study. While it may be a useful exercise for Moroccan staff who are learning about evaluation, the study should be a routine undertaking by the MOPH and is not an appropriate task for The EVALUATION Project. Current USAID Mission staff concur that this is not a priority study for The EVALUATION Project.

plan for continuing the training. An INAS staff member assisted in the training. A third training workshop was held in September 1994 for INAS students and taught with the Project's assistance. A one-week evaluation module was taught.

One additional regional workshop is planned with the Evaluation Project's assistance and then INAS will continue such regional in-service training. Having the *Handbook* in French will be an important tool for future training. There are also plans by INAS to evaluate the training to see if MOPH staff are applying their new knowledge.

Given the decentralization of the health services in Morocco, key staff at the MOPH see these training workshops and the Project's overall approach as a great opportunity to assist in the institutionalization at least down to the regional level.

D. INAS Evaluation Module. As mentioned above, an evaluation module was developed for the INAS training in September 1994. The week-long module covers the role of evaluation in program planning, different types of evaluation, the measures and methods used for each type of evaluation, use of field data for decision making, use of COPE for self-evaluation of quality of care of services, and developing an evaluation plan. The module was evaluated and well received by the participants. It is being incorporated into the Master's level curriculum of INAS, and it is hoped that it might be expanded to a two-week session. INAS staff plan to offer the module again in 1996.

E. Fellows. Two staff of the MOPH (one at the Direction de Population and the other at SEIS (Services des Etudes et Information Sanitaire) will spend four months each beginning in September 1995 at Tulane as Fellows. These Fellows also visited Tulane as professional visitors (see F below).<sup>5</sup>

F. Other Professional Linkages. The two staff (designated as fellows in Section E above) spent one month in the United States during 1994 (mainly at Tulane, but also in New York visiting other population organizations such as the Population Council, AVSC, UNICEF, and UNFPA) as professional visitors. They helped to develop the questionnaire for the IUD study and were introduced to various computer packages such as *EASEVAL*, SPSS, WINDOWS, etc.

In addition, two staff of the MOPH are spending six weeks (January - February 1995) at Tulane assisting in the comparison of data in the Carte Sanitaire and the 1992 SAM of the DHS. Shorter periods (three months or less) are preferable from USAID Mission's point of view since it is very hard for MOPH staff to be away for longer periods of time. The project thus needs to budget for

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<sup>5</sup>Due to some minor confusion over whether the Project or JSI would support these individuals, their initial visit was treated as professional visitors. However, they are considered fellows who will have an opportunity to visit Tulane on more than one occasion. Given their other commitments on the 1995 DHS interim survey, the two fellows are not available to leave Morocco before the Fall date.

several trips over a period of time, rather than one long trip. (In fact, the JSI contract is picking up some of the travel cost of the fellows).<sup>6</sup>

G. Data Analysis. Several studies are currently underway as had been planned in the buy-in scope of work.

- Service Statistics study compares two sources of data on health facility infrastructure in Morocco (the 1992 SAM and Carte Sanitaire, a MOPH database of public and private facilities). A draft report is expected by the end of February 1995. The results of the study will help identify ways to improve use of the Carte Sanitaire.
- Quality of Care study (1992-93) helped raise awareness of QOC as a programmatic issue in the government's family planning program. The results of this study will be published in an upcoming issue of Studies in Family Planning. As an extension of this work, an analysis using data from the SAM is expected to be completed this Spring.
- Several studies are being carried out linking the DHS community and individual data sets from the 1987, 1992 and 1995 surveys. At least one of these studies will directly address the issue of the impact of the family planning program on contraceptive use and fertility in Morocco.<sup>7</sup>
- Evaluation of IUD training. Although not part of the buy-in work scope, this study is being carried out by the Project (as mentioned above) and is tentatively planned for June 1995. Also as mentioned in footnote no. 4, it is now unclear whether the study remains a priority for USAID or the new director of the Division of Population.

Equipment: As had been planned in the buy-in, equipment has been purchased for SEIS, DP, and INAS where the key evaluation staff are located. Because JSI was already procuring computer equipment, it was decided to pay for this "evaluation" equipment under the JSI contract.

The Evaluation Project and the JSI contract staff based in Morocco have collaborated very well. Furthermore, JSI has been willing to support several activities (additional airfare for fellows,

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<sup>6</sup>USAID requests that the fellows program not be called a training program but rather an exchange of experts. If it is designated as a training program, then several requirements are put into place: 1) fellows need to pass a language test; 2) the host-country must pay for the airfare; 3) if it is short-term training, the Mission must prepare a non-funded PIO/P which is extra paperwork; and 4) finally, trainees must travel on special visas.

<sup>7</sup>The 1995 DHS survey is being conducted as a panel study using the 1992 DHS clusters. As such it will show how feasible and useful results from multi-level panel data may be and thus contribute to the Project's methodological work. The 1995 survey was originally seen by the USAID Mission as an attempt to do a quick resurvey of a small sample (1,000 households) to collect information for program monitoring and specifically for the PRISM system. The survey has evolved into a larger effort both in terms of sample size and the number of questions. Questions were added on payment of health costs, the birth calendar, and IEC.

time and travel for a Tulane intern to Morocco, and computers) that were either not planned in the buy-in or were more easily handled through the JSI contract.

At the USAID Mission's suggestion, a part-time local assistant has been hired by the Evaluation Project. The Mission stresses the importance of having an on-the-ground coordinator for the Evaluation Project's work. This is especially helpful in keeping up the momentum of activities and also minimizing the burden on the Mission's time.

### **Conclusions:**

The Project's work in Morocco has been characterized as the cadillac model of technical assistance. The effort includes numerous types of mutually reinforcing activities (data collection, analysis, training, curriculum development, fellows, and equipment) that are directed to institutionalizing an evaluation capacity within the Moroccan FP/MCH program and also answering key questions about the program's impact. While it is premature to assess the outcomes, the Project's technical assistance appears to be a success in the making. The Project's work with USAID Mission staff has resulted in a very useful monitoring and evaluation system that can serve as a model for other USAID Missions.

### **Recommendations:**

These are a combination of suggestions for the remainder of the current Evaluation Project and for the future project. They also include suggestions for future in-country work as well as future activities for USAID.

### **Future In-country Work**

The Project should explore additional opportunities to broaden the professional linkages to staff from the 13 universities in Morocco and also CERED. Perhaps an evaluation research network could be developed that would help train a cadre of expert consultants who could assist in the conduct of evaluation studies for the MOPH. The USAID Mission would probably have to provide funds to support these research activities. A small research grants program could be established for this purpose.

Of those MOPH staff interviewed who have participated in the workshops or other aspects of the Evaluation Project's work in Morocco, all expressed an interest in further training opportunities. One staff member expressed an interest in learning how to evaluate the impact of IEC activities.

The Population Officer suggested that it might be possible to conduct an analysis in Morocco that would link trends in program expenditures (starting with donor contributions and including government expenditures) with changes in the service delivery program and ultimately with individual behavior. She is quite familiar with the USAID budgeting process and could assist in such an effort although it might take two weeks of her time in working with one or two project researchers. Once the Population Officer leaves Morocco (June 1995), it will be very difficult to

find anyone at the USAID Mission who is so familiar with USAID's financial contributions to the program.

### **Future USAID Work**

Mission staff see the evaluation work in the population sector in Morocco as having very important implications for USAID in all sectors. Their experience with the Evaluation Project has the potential to show that by using independent, scientifically sound methodologies, progress can be measured and results can be attributed to specific program interventions. It was suggested that an effort be made to develop a RAPID-type presentation on the approach and results of the Project's work on impact evaluation and that such a presentation be shown to senior USAID staff in the Offices of Legislative Affairs, Management (especially those concerned with managing for results and the PRISM system), CDIE as well as Mission Directors. Coupled with this suggestion was a request that the results of evaluation analyses should be presented in the language of economists who among USAID staff remain skeptical about the actual impact of population assistance.

The USAID Mission's successful experience in using the Evaluation Project's approach to evaluation should be written up as a case study for other USAID Missions. Furthermore, the Population Officer is willing to participate in the upcoming SOTA course if a session is conducted on evaluation.

In looking at the follow-on project, Mission staff suggested that a key activity should be making all USAID Health and Population Officers aware of how to carry out good evaluations and how to set up systems to ensure appropriate data collection and analysis. Furthermore, the new Project should work in countries designated at re-invention labs to make sure that the evaluation work ties into the re-invention approach.

USAID Mission staff also suggested that there be a stronger link between the Evaluation Project and the DHS Program to ensure that the data that are collected are appropriate for evaluation. The original idea for the interim DHS was to conduct a quick and easy assessment of the service program that would identify problems with the program and help determine improvements. This also suggests greater links with the Operations Research Projects as well.

The Population Officer will in all likelihood be posted in Madagascar in 1995. She is very interested in having the Project's assistance in replicating (a re-invention lab as she called it) the evaluation process in Madagascar where the availability and quality of the information is not great.

## **Annex D**

### **Tanzania Trip Report**

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## **Trip Report TANZANIA**

### **Background**

The field trip took place on January 24-25, 1995. Its main aims were to evaluate the work and impact of The EVALUATION Project in one of the focal countries. The trip was undertaken by Howard Goldberg and Ian Diamond and benefitted from the latter's long experience of the country. The major focus of the work was to discuss the Project's technical assistance with the USAID mission staff and their key counterparts. However the opportunity was also taken to meet with a wider range of government personnel and donors. The Evaluation Team acknowledge the assistance given by the USAID mission staff during the visit.

### **Evaluation Project Involvement**

The EVALUATION Project has provided four main inputs in Tanzania: 1) an initial visit by Project staff during which time an evaluation strategy was developed for the family planning component USAID mission's assistance program and the need for multilevel panel data for effective evaluation was identified; 2) technical assistance for the subsequent design, execution and analysis of a Tanzania Knowledge, Attitude and Practice Survey (TKAPS), 3) development of and advice on POPMAP, and 4) training of two country counterparts at the East West Center Workshop and one at CPC. In addition, the Tanzania office had, of course, been recipients of The Project's materials such as the *Handbook*. Comments on each of these aspects follows:

1. Strategy Document: The initial Project visit was highly praised by the mission. It came at a time when there was an increased demand from USAID/Washington for evaluation, and USAID mission officers needed help. The document produced by Project staff (Monitoring and Evaluation System for the USAID/Tanzania Family Planning Service Support Project (#WP-TA-03) is seen as ideal, and its recommendations have been followed closely. The Evaluation Team has also reviewed the strategy, and echoes the Tanzania mission's enthusiasm.

2. A key feature in the evaluation strategy for Tanzania is the need for properly collected multilevel longitudinal data if the impact of the family planning program on fertility was to be identified fully. This led to the conduct of TKAPS by Macro International in mid 1994. This survey was notable for returning to the same clusters as the TDHS in 1991 and also for collecting comparable service availability data for these clusters. Given that the collection of such data had been a major recommendation of The EVALUATION Project, it is worth noting that the Head of the Census Division at TAKWIMU reported that the design and execution of this survey was relatively straightforward because of the need to revisit clusters. A particular advantage of these data are that they will permit, almost for the first time, a comprehensive statistical analysis of the impact of family planning programs net of socio-economic and cultural trends. It should be noted however, that given the relatively short time period between surveys, these effects may not



be huge. However, planners and policy makers will have the potential to answer, relatively easily, questions such as which areas are doing best or what would be the optimum use of scarce resources for family planning.

The assistance given by the Project for the TKAPS has received the highest praise from both FPSS and USAID staff that have been able to see changes in service availability and delivery since the introduction of the program. These are summarized in the paper by Bardsley, Guilkey and Riphon (1994). The staff at TAKWIMU have received equipment and training to enhance their data collection efforts. However, the full benefits of this work are still to come as the multivariate analysis will unravel the main pathways towards lower childbearing. The results of this analysis are keenly awaited in many institutions such as the Ministry of Health, the Population Planning Unit and UNFPA.

3. POPMAP, the UNFPA software, has been adapted for Tanzania by CPC staff. This was not seen by the USAID mission as a major priority since it is largely applicable for presentations rather than management. However it has been useful to have.

4. Training: The Evaluation Team interviewed two Tanzanians (Mr. Aboud and Mr. Riwawho) had participated in the evaluation workshop at the EWCWS in 1994. Both expressed a high level of satisfaction with the training although the benefits have primarily been in increasing awareness and knowledge of the methods of analysis rather than empowering analysis. This is simply because these two people are incredibly busy with a variety of projects so the opportunity to carry out analysis does not exist. USAID needs to address the human resources issue in a country such as Tanzania so that the skills gained at EWCWS are not lost, and the data analysis skills needed are available. Thus improved training for staff working for the two individuals trained may be most useful.

5. Two other points are noteworthy although it should be remembered that discussions on The EVALUATION Project's products such as *EASEVAL* are included in the main text. First, the Project staff was highly commended for its flexibility and willingness to take on in-country issues such as helping the AIDSCAP project. Second, though, it is important to recognize that the human resources in Tanzania are not great and institutionalizing evaluation in Tanzania will require urgent attention if evaluation is not to die with the end of the Project.

6. In summary, the technical assistance provided by the Project to Tanzania has been a model in which all three main contractors have worked together to provide the USAID mission with first class, practical help. In addition, few missions will have the opportunity to be at the cutting edge of new developments in data collection and analysis that will aid the evaluation of family planning program impact. The Tanzania mission should be recognized for having the vision to allow this work to occur.

## **Annex E**

### **Special Note on Service Availability Modules and Situation Analysis**

## **Special Note on Service Availability Modules and Situation Analysis**

The EVALUATION Project convened an expert meeting on the measurement of service inputs in September 1994 that was attended by a large number of representatives from USAID and the Cooperating Agencies. The meeting was held to review issues and problems encountered in the collection of data on facilities and to develop a consensus about the need to standardize and institutionalize measurement of access to and quality of family planning services from the provider perspective. As an outgrowth of this meeting and subsequent discussions involving USAID and Project staff, the Evaluation Team was asked to comment on the relative merits of service availability modules in the DHS (SAMS) and in the Situation Analyses (SAs).

SAMS have been collected as adjuncts to DHS surveys and comprise reports from key informants on the availability of a number of services close to the cluster. Situation Analyses, on the other hand, comprise a very much more complex collection of qualitative information on services and includes for example observational data on quality of provision.

It is widely accepted that contextual data are key to the evaluation of health initiatives they provide information on the supply side factors that influence use of contraception. Some data were collected in the World Fertility Surveys (WFS) but these data, collected, for instance, from a village leader, were not found to be good predictors of contraceptive use. It is possible that this could be because the informants were not au fait with the position in the community. Both SAMS and SAS, which use more appropriate key informants and collect more comprehensive data, are great improvements on the WFS data.

The Evaluation Team sees contextual information as necessary, and indeed it should include data on the social norms and economic situation in the cluster. However, it is beyond the scope of this evaluation to give a detailed review of the relative merits of each approach and to provide a fully informed analysis. The following gives a number of important points that should be considered.

1. It is an inefficient use of resources for SAMS and SAs to be conducted independently. USAID should develop a strategy in which the two approaches, which are both useful, can complement each other.
2. Data on the users of services only provide information on a select group of the population. Informed policy making requires scientific information also on the population of non users. DHS provides this but to maximize the value of those data, the contextual information from SAs must be for the same clusters. The Evaluation Team is not convinced that it would be efficient for SAs also to collect information on large number of non users.
3. SAMS have been collected for a number of countries, but they have hardly been analyzed and have never, to our knowledge, been analyzed using a full component of variance multilevel approach. USAID should fund a secondary analysis of all the SAMS collected. This should not

cost an enormous amount but, by focusing both on data quality and on substantive results, it would be possible to evaluate the advantages of SAMS and the areas in which more in-depth data are required.

4. Data are certainly required on the social norms of the cluster. The work of Karen Mason (EWC) and her co-workers may provide informative in developing the optimal approach for collecting these data.

## **Annex F**

### **Special Note on the CYP Study**

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## **Special Note on the CYP Study**

The Project has done a very good job in providing a very thorough review of the literature relating to Couple Years of Protection, and the Evaluation Team supports the thrust of their conclusions. The following comments are for the authors to consider and are based on a brief review of the study. They do not represent a thorough review of the research document. The Evaluation Team concludes that more work is needed to investigate the individual heterogeneity in the components of the index and before a full country-based adjusted protection provided approach can be adopted although this is, in principle, the desired approach.

1. The argument in favor of adjusted protection provided is that some protection is not particularly useful; examples include sterilizing old couples or redundant use. This is a cogent argument, but it ignores "costs" of contraceptive misuse. For example, it is true that there is little contraceptive effect from sterilizing a 45 year-old client. On the other hand, the costs to the client in terms such as unsafe pregnancy and unwanted children may be much larger than those of a much younger client. Equally, extra benefits to the program for sterilizing younger clients may encourage coercion or differential quality of care. Again, a young woman may be using both condoms and pills which may seem an ineffective use of resources, but to that young woman, the costs of failure and the benefits of the peace of mind from the extra protection are immeasurable.

The Evaluation Team is in favor of adjusted protection provided that some consideration of discounted cost is made.

2. The Project has made a very comprehensive review of the literature and has certainly used the most widely available reviews. However, if a country basis is to be used, then an even wider review is necessary to get as much information as possible. The team cannot comment exhaustively on the availability of other data except that one member (Diamond) does have some data on China and Indonesia that could offer extra information. It is extremely likely that other such data exist.

In summary, if a country base is to be recommended then the project should try to produce as exhaustive a list of country data as possible.

3. A major question is whether country data are the most appropriate level of aggregation. This is a delicate issue. At one level, one would want to use the most appropriate data (perhaps provincial data for some countries). At another level, it is important to remember the stochastic nature of the data and also the fact that for many countries complete data are not available and the practitioner may find him or herself pulling data from a number of sources. This is likely to reduce the plausibility of the index for many users. An additional problem would be continuity of trends in CYP if new local data became available, but this is a minor issue.

There are further difficulties in deciding how to handle these issues. Some data, e.g., age at sterilization, are likely to be accurate; whereas other information, such as coital frequency or double use, is likely to be sparse and subject to large random variation. A criticism of the document as it stands is that in order to reduce the amount of data being presented, little account is made of the variances presented in Curtis's work.<sup>8</sup>

The Evaluation Team supports the Project's emphasis on using country-based data, but recommends more work on condoms, pills and other relatively inefficient methods. This extra work should include sensitivity and simulation analyses of the effect of variability in the quality of data and of different methods of usage. Assuming country-based data are used, then the Project should provide in this document a set of "similar" countries. These should be determined by a team of experts with wide experience in a variety of international programs.

In summary, the Project is commended for its effort on CYP, but the staff should consider the above comments. This is a good document that could become a standard work. Certainly, it will be used by many practitioners and teachers worldwide if it is given sufficient exposure.

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<sup>8</sup>Curtis, Sian L. The Impact of Post Partum Redundant Use of Contraception on Contraceptive Failure Rates. Paper presented at the Population Association of America meetings, Miami, May 5 - 7, 1994.